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ORIGINAL COMMUNICATIONS.

Treatment of Patients Undergoing Abdominal Operations.[1]

By J. A. MACLEOD, M. D., M. R. C. S. Eng., Buffalo, N. Y.

THE treatment referred to in the foregoing title is undoubtedly as important as the technic of the actual operation itself and it is best discussed under headings.

THE TREATMENT BEFORE THE OPERATION.

This is principally one of prophylaxis, and its aim is to prepare the patient in such a manner that she will enter the operating theater in the best mental and physical condition possible. The question of shock here is one which needs very careful consideration.

Though not attempting to discuss the pathology of shock, one may say that the condition is due to a state of exhaustion of the medulla and the spinal cord, leading to a great reduction of vital activity and resulting from severe irritation of the peripheral ends of the sensory and sympathetic nerves. In this condition the face is pale and drawn; the pulse is frequent, weak and dicrotic. The pupils are dilated; the reflexes are diminished; the respirations are feeble, irregular and sighing; the temperature is subnormal.

The condition may be much lessened by prophylactic treatment. It is well for the patient to be in the hospital for at least three or four days, even for a week if possible, before the operation, so that she may become accustomed to her surroundings and undergo a careful and systematic preparation.

1. Read before the Erie County Medical Association, June 19, 1904.

The patient's mental condition should be considered. All causes of anxiety from outside sources should be guarded against. Her mind should be occupied as much as possible and she should not be allowed to dwell too much on the approaching operation. Her confidence, not only in the operator but also in the anesthetist, should be sought after. Her physical condition is an exceedingly important factor in the case. Each and every organ should be systematically examined. Her general condition should be improved, if necessary, by rest, by tonics, and by hypodermatic injections of strychnine twice or thrice daily for a week before the operation.

Heart lesions if compensated do not necessarily contraindicate operative measures. If there be slight irregularity in the cardiac function it should be treated. The vessel walls should be examined and if thickened, atheromatous, or calcareous, caution should be used.

In kidney lesion, small amounts of albumin do not necessarily contraindicate but copious amounts do in all cases of complacence. The presence of sugar in the urine, if of appreciable amount, is a contraindication in all such operations of complacence. The urine to be examined should always be catheter drawn from female patients to avoid possible contamination by vaginal secretion or discharge. The urine in any case should be passed just before going into the operating theater, and, if necessary, it should be catheter drawn. The blood should be examined and the percentage of the hemoglobin ascertained. In anemic conditions, it is well to put the patient under treatment for some time before operation, as convalescence is much hindered if the hemoglobin be at a low percentage.

The diet during the period of preparation should be regulated and should be light in character. No food at all should be given for four hours before the operation, with the exception of a cup of beef tea two hours before, and some brandy, if necessary, just before going into the theater. Some surgeons give a nutrient enema of beef tea and brandy just before the operation. The mouth should undergo a very careful course of cleansing. The bowels should be regulated by a course of salines, with a stronger purge on the night before, and an enema on the morning of the operation. Magnesium sulphate and magnesium carbonate may be used for the general purpose of clearing out the intestinal tract. If, in addition, an antiseptic effect is required, phosphate of soda, which increases the flow of bile, may be used. Salol and calomel also may be of service where an antiseptic effect is called for. Effervescing salts, for example the seidlitz powder, are usually inferior to the above, and where there is a gastric or

intestinal lesion high up they may be the source of danger by inflating the gastrointestinal tube.

The skin should be cleansed by a course of warm baths. The vagina should be daily douched with a mild antiseptic lotion in those cases involving the uterus or its appendages. The patient's clothing for the operation should consist of long woolen stockings, reaching up to the trunk, and of a woolen garment covering the thorax and the upper extremities. In cases where sepsis may be feared antistreptococcic serum, used for a few days previous to the operation, may be of service. The preparation of the actual field of operation belongs rather to the technic of the operation itself and, therefore, I will not deal with it here. Of course in cases of emergency one cannot prepare the patient in such an elaborate way, but even in such cases one should take as much time as possible in the preparation. In cases where there has been a recent severe hemorrhage it may be well to give either an intravenous injection of normal saline solution or a rectal injection of similar fluid. Strychnine may be necessary, and, in fact, may be used as a routine treatment. Where a meal has recently been partaken it may be well to wash out the stomach by use of the stomach tube. The bowels should be evacuated by a copious enema. Then, again, the use of antistreptococcic serum may be of importance.

THE TREATMENT AND MEASURES TO BE ADOPTED DURING THE OPERATION.

The temperature of the theater should be kept equable and, in some cases where the operation is likely to be a prolonged one, a hot water operating table is of great service. Though not going into the technic of the operation it is well to mention that antisepsis or asepsis should be rigidly carried out. The handling of important viscera should be minimised; undue exposure of parts should be avoided, and careful hemostatic measures should be employed. As to the anesthetist, one skilled in the art of administrating anesthetics should be employed. If the operation be a prolonged one, strychnine or ether given hypodermatically, or rectal injection of normal saline solution may be of great service.

Syncope may occur during the operation and is revealed by pallor, weak or imperceptible pulse, and very shallow breathing. This condition may improve and often terminates in an attack of vomiting. In extreme cases, however, death is the termination. Syncope is very often seen in patients not completely under the influence of the anesthetic and passes off when anesthesia is complete. It is essentially due to anemia of the brain and,

therefore, the treatment consists of lowering the head and stimulating the heart.

THE TREATMENT FOLLOWING THE OPERATION.

Under this heading I will not deal with the question of diagnosis but adhere simply to that of treatment. It is a question that requires much skill and sound judgment and often gives rise to grave anxiety on the part of the man in charge of the case. A majority of cases, when the preceding treatment has been thorough, make an uninterrupted and uneventful convalescence. The treatment in such is simple, and the more simple the better for the patient. A brandy and coffee enema may be given before the patient leaves the theater. She is then transferred to the ward and put gently and carefully to bed, keeping the head low and the foot of the bed slightly raised. She is covered with blankets sufficient to keep her warm, hot water bottles are placed at her feet, legs and to the side of the trunk, care being taken that these bottles are covered with flannel and not hot enough to blister. It may be well to mention here that owing to lowered vitality there is greater danger of blistering in the application of heat than normally.

The room should be dark, well ventilated, kept at an equable temperature, and all noise should be avoided. No food should be allowed for the first twenty-four hours. If the patient complains of thirst, dry tongue and mouth, the latter may be swabbed with a mixture of glycerine and honey. Another efficacious method is to allow the patient to suck a slice of lemon and cracked ice bound up in a bag of thin muslin. If she complains of pain and cannot sleep, a hypodermic of morphine may be allowed. If the bandages are too tight they may be loosened or snipped at the discretion of the surgeon. At the end of twenty-four hours feeding may be started, commencing with very small quantities and gradually increasing in amount, but kept liquid in character until after the bowels have been opened. This may be done by giving an aperient on the second or third night, followed by an enema the next morning. They should then be kept regular thereafter by salines or enemata.

Once the bowels are acting well and regularly the diet may be more generous in character and amount. The bandage when soiled should be changed, care being taken that the dressings are undisturbed. If, however, the dressings are also soiled they should be promptly changed as well. The wound should be dressed on or about the ninth day and at the same time the stitches should be removed. In the above I have not mentioned the drainage tube, but if such has been used the dressings must

be changed to meet the requirements of the case. The same may be said if gauze packing has been used.

The patient should be kept in bed for about three weeks, avoiding all unnecessary movement, but not necessarily remaining in one position. The back, buttocks and shoulders should be kept under careful observation. At the end of about three weeks she may be allowed to sit up, but should pass the greater part of the next week on a couch or wheel chair. For the next six months she should avoid doing any heavy work, especially the lifting of any heavy weight. The bowels should be kept regular to avoid any undue straining at stool, and it may be advisable to make use of a low commode, for in so doing the thighs are well flexed on the abdomen.

COMPLICATIONS OR DEVIATIONS FROM THE NORMAL.

Those cases not making such an exemplary recovery are best discussed, I think, under the separate heading of the complications or deviations from the normal. We may classify these as follows: (1) shock; (2) hemorrhage; (3) vomiting; (4) pain; (5) temperature and pulse variations; (6) thirst; (7) flatulence; (8) intestinal paresis; (9) intestinal obstruction; (10) sepsis; (11) pulmonary complications; (12) pulmonary embolism; (13) phlebitis and thrombosis; (14) fistulæ; (15) bedsores.

Shock.—I have stated in the first part of this paper what I consider shock to be, and I have also discussed the prophylactic measures to be adopted in order to avoid the appearance of such a condition. When these measures have been fully carried out shock does not usually play a very important part in the question of after-treatment. In cases where shock was to be feared, either from the gravity of the operation or from its prolonged length, I have found a systematic course of saline rectal injections of great service. The course may be mapped out as follows: a pint and a half of normal saline solution, to which is added one ounce of brandy, are injected immediately on the completion of the operation. The patient then should be put to bed with all the care which I have already described, but the foot of the bed should be raised to a greater height than in the preceding treatment. One pint of normal saline is injected hourly for the next four hours; then every two hours until the pulse is of good volume and tension; and finally every four hours until there are signs of rectal irritation. At the end of twenty-four hours the pulse will usually be nearly normal in rate, volume, and tension. If signs of rectal irritation show themselves early, a suppository of morphine and belladonna usually has the desired effect.

In cases of shock unless the collapse is immediate it is generally delayed for some four to six hours or even more, and under the above regime it usually does not appear at all. If, however, the shock is so great that it appears at once, hypodermic injections of strychnine or ether, or both, may be used, and these may be supplemented by rectal injections of normal saline solution, or by an intravenous injection of saline solution into one of the superficial veins, or by a subcutaneous injection of normal saline into the loose tissues of the breast. In addition to having the foot of the bed raised it is well to bandage the lower extremities with a warm flannel bandage from below upward.

Hemorrhage.—This may come on immediately after the operation or, as most frequently, some few hours later when reaction has well set in, or, again, it may be secondary in nature, and may appear at any time after the second day up to the fifth or the sixth day. The reactionary hemorrhage is best prevented by careful technic during the operation, seeing that each and every bleeding vessel is securely tied; the secondary hemorrhage is best prevented by careful asepsis or antisepsis during the operation. Hemorrhage, whenever it does occur, should be carefully watched and if of any magnitude the only treatment is to reopen the abdomen, and secure, if possible, the bleeding point.

Vomiting.—This may be due to the anesthetic. Then it is usually simple in character and passes off in a few hours. It is best prevented by careful preparation of the patient before the operation, and by careful and skilful administration of the anesthetic during the operation. It may be relieved by a few doses of iodine, two minims in two drams of water, every two hours. The fumes of vinegar inhaled from a napkin soaked with the liquid are often very efficacious in relieving this early vomiting. When due to the want of proper preparation, washing out the stomach by means of the stomach tube is often of great service. Later on, vomiting may be due to one of the following: (a) intestinal paresis; (b) intestinal obstruction; (c) peritonitis. The treatment of vomiting in each of these complications is essentially that of the condition itself.

Pain.—This is sometimes a troublesome complaint especially in neurotic patients, when slight moral suasion may be tried, but when troubling the patient very much morphine may be used hypodermatically at first, and afterward by suppository. The use of morphine, however, should be restricted as much as possible on account of the danger of starting the morphine habit, which often dates from the accidental discovery of the stimulo-sedative power of the drug. I may mention that much discomfort

may be prevented by bandaging firmly and evenly up to the level of the ensiform cartilage, thus limiting muscular movement.

Temperature and Pulse Variations.—These should be carefully noted every few hours until convalescence has well set in. They are not in themselves complications, but rather symptoms of complications. Their treatment is that of the complication of which they are the symptoms.

Thirst.—This may be considerable, but in cases where saline injections are used it is usually not of great importance. The mouth should be swabbed out with a mixture of glycerine and honey, or the patient may be allowed to suck a slice of lemon and cracked ice bound up in a muslin bag. Ice, by itself, is commonly used, the patient sucking it, but I have found the patient does much better if ice in this way is not allowed. Some allow hot water to be sipped, but this is also better omitted.

Flatulence.—This may be due to simple causes or it may be caused by (a) intestinal paresis; (b) intestinal obstruction; (c) peritonitis. If it be due to simple causes, it may be treated by small doses of cajuput, peppermint, and the like, or by passing the long rectal tube well up into the sigmoid, leaving it in situ for some time. A stomach tube may be passed into the stomach which very often gives relief. If due to the more serious causes, enumerated above, the treatment is that of the condition of which it is one of the symptoms.

Intestinal Paresis.—Though not going into the question of the diagnosis of intestinal paresis, I may say that it is a condition accompanied by constipation, flatulence, temperature and pulse variations, and vomiting. In the treatment of such condition the main object is to procure free action of the bowels. The vomiting usually is so severe that it is not possible to secure this result by the aid of aperients alone. Copious enemata, simple or turpentine, may be used. If these fail it is necessary to stop the vomiting and to this end we have several means at our disposal. We may use one or we may be forced to try the group. Bismuth and hydrocyanic acid diluted may be used, but very often fail; morphine used hypodermatically is frequently successful; cerium oxalate and codeia also may be of service; and sometimes washing out the stomach may produce the desired effect. But the most potent remedy is the hydrochlorate of cocaine used in one eighth grain doses in two drams of water every two hours until the vomiting ceases. The pulse should be carefully watched during the administration of the cocaine and if any untoward signs arise it should be stopped. A hypodermic of strychnine may, however, counteract such adverse signs. The vomiting having ceased, a smart purge should be given, followed in a few

hours by a copious enema. The bowels once open should be kept acting freely. In intestinal paresis it is, as a rule, not possible to feed by the mouth and it is then necessary to resort to rectal feeding. Mouth feeding, however, may be started as soon as the bowels are acting freely.

Intestinal Obstruction.—This may be due to (a) fecal accumulation; (b) onset of acute peritonitis; (c) causes active in the intestinal wall itself; (d) causes active outside of the intestinal tube. Intestinal obstruction is usually accompanied by signs and symptoms of shock, by pain, by vomiting, and by constipation. Sometimes, however, the lower bowel empties itself and gives rise to false hopes as to the prognosis. If due to fecal accumulations the onset is usually slow and signs of shock may not appear. The treatment is similar to that of intestinal paresis which, in itself, may be practically looked upon as a class of intestinal obstruction. If, however, the obstruction is due to strangulation, be the cause thereof what it may, the onset is sudden and the shock great. The only treatment is to reopen the abdomen which operation must not be too long deferred. It may be necessary to treat the shock before operating. It is wise not to relieve the pain by means of morphine and the like, as symptoms are likely to be masked. The abdomen having been reopened, a search for the cause should be instituted and the obstruction relieved, if possible. It may be necessary to leave the source of trouble alone for the time being and to open the distended bowel above the seat of obstruction. Even if the obstruction be relieved, one should not be satisfied until the bowel is emptied of its fetid contents and, to do this, it may be necessary to open up the lumen of the gut and leave a tube in situ until the acute symptoms have subsided. In urgent cases it may be advisable to operate, especially where fecal vomiting is present, without the aid of a general anesthetic. Such patients are suffering from severe depression and it is found that cocaine used as a local anesthetic is sufficient to meet the requirements of the case.

Sepsis.—Though not going into the bacteriology of the question, I may say that it is very important to have any pus that may be found examined microscopically. It is also important to have the blood examined for leukocytosis. Speaking of sepsis in a general way, one may say that it gives rise to temperature and pulse changes, to pain, and to constitutional symptoms. The temperature is usually high and may have gone up suddenly and may have been accompanied by a rigor, but in the extreme cases it is subnormal. In the beginning the pulse is increased in rate, full and bounding, but subsequently it becomes weak, thready, and running; the pain may be great and is due to pressure; the

constitutional symptoms are those due to the absorption of toxic material, plus those due to the febrile state which, of course, in itself, is due to the absorption of the toxins. Speaking also of treatment in a general way it is mainly symptomatic. A brisk purge may be given in the initial stages, but later the treatment must be of a more supporting character. Quinine is held by some men to have an effect on pus formation itself, by lessening, or even preventing, its formation. Personally, I do not think that we can expect much from the use of the drug outside of its thermic effect in large doses, and of its tonic effect in small doses. In high febrile conditions quinine is often of great service in depressing the temperature.

The use of serums is, at present, a debatable point, but undoubtedly upon further investigation they will prove to be of great service where the special microörganism, which gives rise to the trouble, can be detected by the microscope. Recently, in the treatment of severe toxemia from peritonitis or other severe inflammations a new mode has arisen—namely, large quantities of normal saline solution are injected intravenously, causing, directly, an increased diuresis and diarrhea, and, indirectly, an increased elimination of toxins. Practically, we may here classify sepsis as to its situation: (a) superficial or wound; (b) deep—localised peritonitis, general peritonitis; (c) general—sapremia, pyemia, septicemia. In the separate treatment of each of the above divisions or subdivisions I will take it for granted that the wound has been exposed and examined.

Superficial or Wound Sepsis.—If there be any signs of irritation, or inflammation around any of the stitch holes, the offending stitch or stitches must be removed to relieve tension. If pus has formed, the wound should be opened to the extent of the suppuration and pus evacuated. The wound should then be cleansed, packed, and dressed regularly.

Deep Sepsis.—Under this heading may be put the two classes of peritonitis found as complications in abdominal work—namely, localised and general peritonitis. The question of peritonitis is too large a one for me to discuss fully here; let it suffice to say that peritonitis is always due to microörganisms, be their origin what it may.

Localised Peritonitis.—This is usually but not necessarily followed by suppuration. It gives rise to the constitutional symptoms of sepsis; vomiting may or may not be present; constipation is usually present. The pain is deep seated and the abdominal muscles over the site of the inflammation are held tense and board like. After suppuration has occurred, the pus may point toward the surface, or it may open into any of the

hollow viscera; or, again, it may discharge into the general peritoneal cavity. The treatment in the early stages may be begun with a purge, but later on it should be constitutional and of a supporting character. In some cases it may not be advisable to give a purge, and then the lower bowel should be washed out by an enema. The local lesion should be carefully watched, using at the same time fomentations to relieve the pain. When suppuration has occurred, however, operation is called for. An incision should be made over the tumor and the abscess opened. A gentle search for the cause may be instituted and when found it should be removed, but care should be taken not to break down any of the adhesions shutting off the general peritoneal cavity. The cavity of the abscess should be gently washed out with some mild lotion and free drainage arranged for. It is advisable to wait for 24 or 48 hours before commencing more vigorous irrigation. The case then demands regular dressing.

General Peritonitis.—This is accompanied by severe constitutional symptoms, vomiting, constipation, flatulence, distension, severe pain and exquisite tenderness. The temperature at first is usually raised, but towards the end in severe cases it is usually depressed or subnormal. The pulse rate rapidly increases, at first full and bounding but latterly it becomes weak, thready, and running. A falling temperature and an increasing pulse rate is an especially bad omen. Respirations are quick and shallow, being of a thoracic type. This condition having arisen the only treatment that is likely to be of any avail is the early reopening of the abdomen and thoroughly washing it out with normal saline solution. In doing this it may be necessary to expose each and every coil of intestine in order to get at all the pockets of inflammation. The temperature of the lotion should range from 59 to 62 C. Ample provision for drainage should be made before completing the operation. In some cases it may be wise to empty the distended bowel through a trocar puncture which may subsequently be closed by sutures. Where operative measures are not deemed advisable an attempt should be made to obtain a free action of the bowels, and the use of such stimulants as brandy and strychnine should be resorted to freely to support the strength of the patient. Antistreptococcic serum and intravenous injection of normal saline solution may also be given a trial.

Sapremia.—This, together with its train of severe constitutional symptoms, is due to the absorption of large quantities of toxins from a focus of suppuration occurring under pressure. The treatment consists of the general constitutional treatment as above depicted, and of local treatment which must be essentially radical in its nature and similar in character to that of deep abscess.

Pyemia.—By the term pyemia is meant the formation of multiple abscesses secondary to some focus of local infection. Each abscess gives rise to the signs and symptoms of sepsis. The constitutional symptoms are usually severe. The temperature is of an intermittent type and accompanied by rigors. The general constitutional treatment is as above laid out. The local treatment consists of dealing promptly with each and every focus of inflammation as above described under the treatment of deep abscess.

Septicemia.—This is due to the development of microörganisms in the blood and it is accompanied by very severe constitutional symptoms. It is fortunately of rare occurrence in abdominal surgery, but, when it does arise, it is of grave import. The wound should be opened, purified, and provision made for free drainage. Stimulants should be freely resorted to. Antistreptococcic serum in doses of 10 to 15 c.c., twice or thrice daily, may be used. The intravenous injection of normal saline solution may also be given a trial.

Pulmonary Complications.—In any elevated condition or sudden rise of the temperature the chest should be carefully examined and if there be any lesion there noted, it should receive prompt treatment. The condition which may be found, and its treatment, belong rather to the field of medicine, and, therefore, I shall not deal with them here.

Pulmonary Embolism.—This is due to the impaction of a thrombus, detached in or near the site of the operation, in one of the large pulmonary vessels. The result varies according to the size of the embolus and the situation of the impaction. If small, it may give rise to pain and urgent dyspnea which, however, passes off under cardiac stimulation. Generally, the onset of the trouble is so sudden, and the dyspnea is so great, that death ensues before help can be procured. Prophylaxis is the one important thing. The patient should be kept as quiet as possible, avoiding all unnecessary movement, until any thrombus which may be present is well on to the condition of organisation. The bowels should be kept regular and all straining at stool forbidden. Any bronchitic trouble should receive attention in order to prevent any violent effort in coughing.

Phlebitis and Thrombosis.—If these conditions arise the part affected should be purified, wrapped in a sterilised dressing, and kept at absolute rest. If they occur in an extremity, the limb should be slightly elevated. If there be much pain an evaporating lotion or fomentation may be used. The treatment should be continued until organisation is complete.

Fistulae—The chief thing in the treatment of fistulæ is prophylaxis in the way of careful technic during the operation. Such a condition having arisen, however, the treatment consists of cleanliness, frequently changing the dressings, syringing the fistulous tract at each dressing with a mild nonirritating lotion, and protecting the skin from the irritating discharges. These fistulæ usually close up in time, but in some cases it is necessary to perform some plastic operation at a later date.

Bedsores.—Here, again, prophylaxis is the one important treatment. The under sheet should be kept smooth, straight, and free from creases, and should be frequently drawn. All parts subjected to pressure should be frequently cleansed by the use of some mild soap, and then should be gently rubbed with a spirit lotion, and finally dusted well with boracic powder. If any reddening occurs, the part affected should be protected from further pressure and the reddened surface painted with a mixture consisting of equal parts of tincture of catechu and liquor plumbi subacetatis. When sores actually form they should be cleansed and covered by some mild antiseptic dressing and should be protected from any further pressure.

274 Delaware Avenue.

Remarks on the Methods and Purposes of Pension Examinations.[1]

By SAM HOUSTON, M. D., Washington, D. C.
Medical Referee, Bureau of Pensions.

AT YOUR annual session one year ago it was my pleasure and privilege to address you in the capital of our nation. Today, by your kindness and invitation, I have the appreciated honor of talking to you in "The City by the Sea," which for this week has become the Mecca of many learned medical societies; and, though your society is the junior of them all, it has discarded its swaddling clothes and today stands forth in the full vigor of youthful manhood. I am extremely sorry that it was not born forty years ago, and that our boards are not all represented here, thus to show greater interest in their work. However flattering the opportunity of appearing before you may be, I cannot but feel that a grave mistake was made in assigning to me the opening address. Possibly, however, this was not a mistake, as you will be better employed later in the session.

1. An address delivered before the National Association of United States Pension Examining Surgeons at its third annual meeting, Atlantic City, N. J., June 6, 1904.

I beg to assure you, at the outset, that the work of a majority of the examining boards during the past year has been of a higher order. The officers of the Bureau of Pensions feel that the boards of the country have been doing much better work and that they have been materially aided by this association. For myself, likewise, I can assure you that of very many of the boards I can ask no more than is being accomplished. I do not desire to attempt to inform you of the methods you should use in making your examinations, but to invite your attention to certain conditions not covered by the official book of instructions and which may be at times of great importance in determining a proper rate.

I know very well that your experience and education have prepared you to wrestle with the intricate problems of organic disease and the sequelæ as presented by objective symptoms, in accordance with the requirements of the pension law. I know of no body of physicians whose experience renders them more capable of detecting disease and sequences than the majority of our examining boards. They penetrate the almost hidden intricacies of disease and do it thoroughly, as exemplified by their work which is subjected to the scrutiny of a bureau of experts and by them approved. I trust you will pardon the egotism, when I explain that the experts of the central bureau are worthy of this distinction. These gentlemen each read and study many thousand certificates every year. The least error in diagnosis is detected and the sequelæ of the various diseases are as plain to them as the rotation of the seasons. With the certificates of medical examinations made by many of our examining boards and the fixing of rates thereon by the medical experts of the bureau, we feel satisfied that injustice is seldom done the claimant. So strongly am I impressed with many of our certificates of medical examination, that I believe that no *x*-ray machine yet invented can delineate the condition under examination better than the mental vision invoked by a perusal of the certificates.

One of the most difficult problems examining boards have to meet and solve is the differentiation of sequelæ and complications,—a necessary decision to be made under our pension laws where the original disease or disability is due to service, the sequential condition of disease proven by objective symptoms being equally pensionable with the primary disease. In this branch of medical knowledge members of examining boards and examiners in the bureau become expert physiologists and pathologists in detecting any departure from the normal function, or morbid anatomical change of organs or tissues.

It is true that a malingerer but very rarely appears before a

board. But occasionally one will come, who has been coached by some unworthy member of our honorable profession who for revenue will thus prostitute his calling, and in this manner claimants for deafness, impaired vision, rheumatism, and even diabetes,—saccharine matter having been injected into the bladder,—have imposed upon us. Again, you are the recipients of numerous letters,—some from honest, honorable physicians, others from those who are not,—relative to the condition of a claimant who may appear before you for examination. The physician who is not honest, generally informs the claimant that he has a "pull" with the board of examiners and his influence will be all-powerful to bring the increase desired. If the claimant is successful, the physician with "influence" will claim he did it, and probably obtain a share. This is one of the most contemptible annoyances to which you are subjected, and if you should discover a physician engaged in this practice, we ask you to report him to the bureau. So far as your integrity has been surreptitiously assailed, we will see that no harm befalls you.

As you are well aware, the object in examining a claimant is to determine the degree of his physical and mental disability, and whether it renders him unable to perform manual labor wholly or in part. This is the basis upon which all pension enactments rest; the interpretation of the result, as reported by your certificates of examination, is our basis in the Bureau of Pensions by which to determine the rate. You have each received a book of instructions for your guidance in your examinations, but it only asks for results. All boards do not acquire these results in the same manner. Each board has its own peculiar way of making an examination, and we could not expect uniformity in manner without similarity in training, or more definite directions. We, however, do desire uniformity in the resulting description of the diseased conditions; not that the language shall be identical, but that it shall convey a clear conception of the disability claimed, so that the bureau can draw an accurate mental vision objective of the condition described. Theoretical speculations are not ordinarily desirable,—only the pathological conditions, based on objective symptoms are usually expected; and yet, there are times when we feel that we would be benefited by the impressions received by the board during the examination.

When, therefore, a claimant enters your examination room, observe him closely while he divests himself of his clothing. Is he erect or stooped? Does he walk with firm tread, or does he shuffle or hesitate in his locomotion? Does he hear your directions with regard to the disposal of his clothing? Is his mind clear, or are his answers incoherent? Does he manifest mental

hebetude? By "sizing" up a claimant in this way you can give us briefly a first impression. Weigh and measure him; seat him and read his claims to him, entering others he may make; obtain his version of the length of time he has suffered from the affections named; note the circulation and temperature, as directed; obtain his exact age, if possible, and marks of identification. Then examine for disabilities claimed, underscoring those named in the order of the examination and paragraphing each disease or disability separately. Under the claim for gunshot or other wounds, please locate all such accurately on the diagram. Is the gunshot wound penetrating or perforating? If the former, was the missile removed, or does it remain? Describe accurately the entrance cicatrix. In perforating wounds, describe both entrance and exit cicatrices. In both cases, the probable course of a missile, although this is not easily determined, and the injury done to organs or tissues, may direct your examination for sequelæ.

The globular bullet, which inflicted many of the wounds during the civil war, was very erratic in its course. More modern conical bullets are hard to deflect from their line of flight. Saber and bayonet wounds are seldom seen.

The disease you are most frequently called upon to investigate is rheumatism, from 68 to 70 per cent. of all claims being founded upon this malady. While there are many and painful and exhausting subjective symptoms in this disease, we are only permitted to rate the condition on the objective symptoms, such as atrophy and hypertrophy of muscular and other tissues, and hardening of the white tissues with loss of function. It might be of benefit to us in fixing a rate to know something of the subjective symptoms. The pathology of rheumatism is not yet fully understood although, day by day, we are approaching the solution confirmatory, we believe, of the opinion that it is due to a want of oxidation of broken down excrementitious nitrogenous tissue, together with malassimilation of the digested food. The want of conversion of uric acid and salts which are sparingly soluble, into urea which is freely soluble and easily eliminated, permits the uric acid to accumulate in the white tissues of the body which are comparatively free of red blood and nourished by imbibition or osmosis. But this condition is only a sequence and is retroactive, the excess of uric acid in the blood being carried to all parts of the body admitting of the red blood's circulation, and thus it poisons the vasomotor nerve centers which control the circulation.

What influence the monoxide of carbon, a virulent poison, may have on precipitating an attack of rheumatism by poisoning the vasomotor and other nerve centers, has not as yet been determined. Carbon monoxide, which has a strong affinity for hemo-

globin, suspends the oxygen-transporting function of the blood, and thus prevents the formation of urea from the nitrogenous waste of the tissues. Here, again, we find a want of carbonaceous oxidation into the negatively poisonous dioxide of carbon. This condition, commonly termed lithemia, may present no objective symptoms, yet the patient may suffer all the pains and pangs so fully and clearly described at our last meeting by Dr. Eisenberg and the gentlemen who engaged in the discussion of his paper. The intimate relation existing between the vasomotor and the sympathetic nervous systems, the latter presiding over nutrition, is interrupted and the harmonious action of these systems of nerves prohibited, producing hypertrophy in one case and atrophy in another, or both these conditions in the same individual in different stages of the disease; or, in still other cases no pathological condition may be apparent, only subjective symptoms being present. If this theorising is correct, we can see the futility and injustice of depending alone upon the objective symptoms.

The spinal theory of rheumatism advanced by Dr. J. K. Mitchell, 75 years ago, although he offered no pathological argument for his belief, has yet, I believe, some followers; and the microbe theory has an occasional adherent. The strongest argument for both these theories is that they can readily account for the metastasis of the disease. Comparative measurements for use in diagnosis can only be of value in cases of unilateral disease of this, or any other affection. In bilateral diseases they prove nothing beyond general atrophy or hypertrophy, as the case may present. Just here let me ask you not to decide that a claimant of local paralysis is a malingerer, simply because an electric current will cause contraction in a single or group of muscles when will-power will not be competent to produce action of the muscles. You may do the claimant an injustice by so deciding, since the natural stimulus is not as powerful in producing results as the applied current. Other and more reliable tests should be used.

Disease of the heart in those suffering from rheumatism is usually referred to as a result but, as you know, is independent of the rheumatic trouble manifested in other parts of the body. They are products frequently of the same cause. Both of these diseases may co-exist or only one may be found, depending upon the susceptibility of the involved organs to the uric acid poisoning. If one is found, it is well to carefully search for the other.

A frequent form of heart disease presented to us is dilatation and its sequences, and this is what we might expect. The youth of many of the soldiers of the civil war, the forced marches, the double quick and the excitement of battle were calculated to over-

tax the heart, and dilatation in many instances may have resulted. To carry out this suggestion a little further the dilated cavities have enlarged the openings until the valves have become too small, and regurgitation is induced, constituting valvular disease at some of the openings, generally the mitral. Frequently the youth of the soldier with nature's remedial power came to his assistance, and hypertrophy of the wall was induced patching up the heart to be almost as good as new, the only pathological condition remaining being an increase in size. This is the frequent history of heart disease in our civil war soldiers. Those in whom compensation never came to the rescue have either gone to their final reward, or are suffering a miserable existence. The "uric acid heart," and possibly the "monoxide of carbon heart" produce pathological conditions for which nature does not seem to have a remedy. The affections induced by functional disease of the heart, either pathological or physiological, are of import and should be noted. In this connection I desire you to carefully read the paper presented to the association a year ago by Dr. Frost, and the discussion following it.

Perhaps there is no pensionable disease that occasionally requires such close investigation as that of chronic diarrhea. The simple ordinary form depending upon looseness of bowels and offensive discharges, producing sunken abdomen, despondent expression, irritability of bowels, gradual and continuous emaciation, is easy to diagnosticate; but that form which assumes the intermittent, ulcerative type and is associated with malaria, in which the pathological condition is confined to the lower colon and consists in periodical ulceration with exacerbations, the upper intestinal tract being comparatively free from disease under a proper dietary, there being no wasting of the body—what is lost during the periodical attacks being regained in the intermission,—is difficult to diagnosticate, seeing claimants only during the intermission as you do, and it is equally hard to give a proper rate, especially when accompanied by those almost constant attending sequences,—hemorrhoids, proctitis, and prolapsus, the result of weakened rectal tissues and frequent tenesmus. These claimants are in great danger of being underrated, since they are able to attend to some light business a portion of their time, but at a fearful cost of pain and suffering, always in danger of colonic perforation or malignant disease of the parts involved.

Another disease quite often met with in old soldiers is nasopharyngeal catarrh. The objective symptoms are so apparent, and you are so conversant with them, that I only desire to call your attention to the fact that when in these cases you find ulceration to admonish you to examine the case exhaustively, feeling

assured that you will find a history of syphilis or some other constitutional dyscrasia. As has been well remarked by Dr. Potter, in his address at our last meeting, catarrh does not change its type to become tubercular. If tuberculosis is found, it is a complication, and not a sequence.

The chronic bronchitis of soldiers is found generally in lithemic individuals. Some authorities believe it is a sequence of rheumatism. This disease may continue for years with slight disturbance to general health, but it may simulate phthisis. Cough and expectoration with emaciation will be present and mark the soldier as a proper recipient of the nation's bounty. A proper differentiation of asthma is desired in all certificates of examination. It is very important that we should know whether it is the neurotic or cardiac type, the latter being a much more formidable disease than the former.

I desire to thank the association for the very valuable medical papers read to the association a year ago, and which have been so nicely printed and bound and presented to our examining boards and the Pension Bureau. These papers are an honor to the association and of value to every physician. We hope that the examining surgeons will all aid in this good work.

In conclusion permit me to say that the commissioner of pensions and his subordinates in the pension office desire that every claimant should have a thorough examination and be fully rated under the law for all pensionable disabilities. In accomplishing this, we ask your hearty coöperation. We also ask for the old soldiers your kindly consideration during their examination.

Corrected Report of an Abdominal Aneurism.

By MARSHALL CLINTON, M. D., Buffalo, N. Y.,

Attending Surgeon, Sisters of Charity, and Erie County Hospitals, Buffalo, N. Y.; Instructor in Surgery in the University of Buffalo.

IN THE BUFFALO MEDICAL JOURNAL, of September, 1901, the author reported "Preliminary Notes on a Case of Abdominal Aneurism." Since that publication developments in the pathological findings render it necessary to correct the report of the case. The interesting clinical history, the operative feature and the postmortem findings make a valuable record. The history of the patient is as follows:

W. H. G., aged 57; U. S.; carpenter; married. Admitted Erie County Hospital, July 8, 1901.

Family History.—Father died at the age of 65 of cancer of the face; mother died of congestion of lungs. Two brothers and

five sisters. One sister has female trouble, one died of consumption, one of heart disease, the rest all well and healthy. Has two children, both boys—one 19 years old at Craig Colony for Epileptics, the other in normal health.

Previous History.—Never has used alcohol nor tobacco, has always worked hard at his trade, doing some painting occasionally. Had measles and whooping cough when a child. Thirty years ago used to have attacks of vomiting at night after eating heavily. Four or five years ago had frequent attacks of jaundice which would be relieved by doses of Rochelle salts. Had dizzy spells frequently, fifteen years ago, and headaches at night. Two years ago was bothered with palpitation on exertion.

Present Illness.—Four years ago was lifting a heavy piece of lumber when he felt something give way in his abdomen. Had considerable pain that night and the next day, but managed to go to work again, working for six or eight weeks. One morning before rising he noticed as he passed his hand over his abdomen that he felt a lump on the right side. After he stood up and passed his urine the lump disappeared, so he put it out of his mind and did not notice it until in bed some nights later.

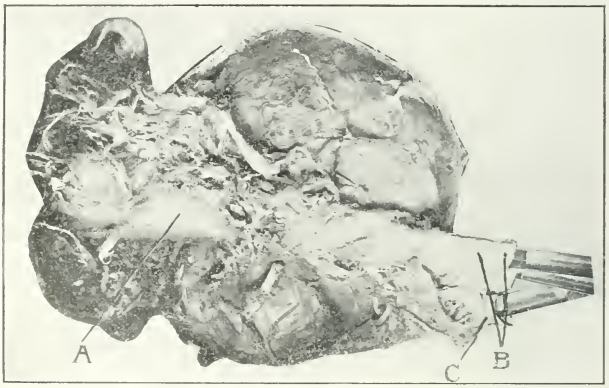
In the fall of 1900, was walking three miles to his home after a hard day's work, when he felt something give out in his abdomen and a severe pain followed. He sat down by the roadside and rested for fifteen minutes and the pain disappeared. As soon as he began to try to walk the pain would come back, so he was forced to take short walks and long rests, and in this way reached home. The pain stopped when he went to bed, and he got up the next morning apparently all right. Did light work for two weeks, when the pain returned and became a dull heavy ache while on his feet, disappearing when he was in bed. On advice of his physician he came to Buffalo to be operated on for an enlarged gallbladder.

Examination.—Patient fairly nourished, and slightly jaundiced; temperature subnormal; walks with difficulty; pupils equal and react to light and distance; slightly deaf; tongue, slightly coated; heart, normal; lungs, normal; feet, cold and slightly numb; pulse, 74; respiration, normal; abdomen shows a bulging mass in the right hypochondriac region, dome-shaped, four by two inches wide and cystic in feel. No pulsation can be seen or felt and no thrill or bruit can be heard over the mass or over the femorals.

Diagnosis.—Stenosis of the cystic duct and retention cyst of the gallbladder.

Operation, July 25, 1901.—An incision, four inches long, parallel with the border of the ribs and over the prominent part of the tumor down to the peritoneum revealed a dark almost black tumor adherent to the peritoneum. As the color was so unlike a gallbladder an aspirating needle was plunged into the center of the mass and was followed by a gush of bright, red

blood through the lumen of the needle. Adhesions along the lower border were separated to permit of better inspection and after the lower edge was freed, it was seen to have a distinct fibrous capsule and to pulsate. The needle introduced an inch and a half from the first point of entrance was followed by blood, as in the first trial. A patient effort was made to introduce silver wire through the needle, but the available wire was unsuitable in size and would kink as soon as the end struck the opposite side of the sac. The openings made by the needle were closed by holding the finger lightly over them for a few minutes, when a clot would form under the finger and the hole be plugged. It was possible to introduce the finger along the lower border of the sac in the direction of the abdominal aorta.



TUMOR: POSTERIOR ASPECT.

A—Abdominal aorta. B—Iliac arteries. C—Vena cava.

At two different times the patient was anesthetised locally with cocaine and the tumor exposed at its upper margin. A small trocar previously insulated with shellac was carefully introduced into the body of the tumor and was followed each time by a gush of bright red blood through the needle. Silver wire was passed for a few inches beyond the end of the needle, but it kinked and only a small amount of wire could be introduced. A weak current from a galvanic battery with a low amperage was applied for an hour, and two weeks later a second application was made for half an hour.

Following these procedures the patient seemed to improve markedly as far as sensory symptoms went, but there was no

improvement in his loss of motor centers. His pain and discomfort left him for several months and the pulsations in the tumor were apparently lessened. The size of the tumor from the time it was treated by the galvanic current did not increase in size nor did the patient have any further pain referable to the tumor. He was suffering from a chronic cystitis and died January 28, 1903, from uremia.

By permission of his relatives we were able to remove the tumor through the operation wound. The mass was found to have separated the abdominal aorta and the vena cava by growing up between them and had given the vena cava a sharp curve. From the size, shape, and contour of the tumor no suspicion was aroused that we were dealing with anything but an aneurism of the abdominal aorta.

When a section of the entire tumor was made a solid mass was found which had no communication with the lumen of the aorta other than by small vessels and the appearance was that of a cancerous mass. The central portion was made up of a mass of debris lined by a cyst wall that had evidently been filled with a mass of blood under pressure, which accounted for the flow of bright blood whenever a needle was introduced. Clinically, the growth was a tumor of mixed type, of the cystosarcoma variety, while sections pronounced it to be a perithelioma.

The case is interesting as illustrating what an ordinary lymph gland in the retroperitoneal space may degenerate or develop into, and how a growth technically impossible to remove may be retarded by various means.

466 Franklin Street.

SOCIETY PROCEEDINGS.

Medical Society of the County of Erie.

Semiannual Meeting.

Reported by FRANKLIN C. GRAM, M. D., Secretary.

The eighty-third semiannual meeting of the Medical Society of the County of Erie was held in the rooms of the Society of Natural Sciences, Buffalo, Tuesday, June 28, 1904, under the presidency of Dr. William C. Krauss, who took the chair at 11 o'clock a. m.

The minutes of the annual meeting and of the special meeting, held April 9, 1904, to ratify the action of the joint committee

consolidating the medical society and the medical association of the state, were read and approved.

Dr. William Warren Potter, chairman of the committee on membership, presented the names of Dr. Erwin W. Buffum, of East Aurora, and Dr. Myrtle Lothrop Massey, of Buffalo, as applicants for membership. He recommended the election of Dr. Buffum, and that the application of Dr. Massey lie on the table until proper credentials were submitted. His recommendations were adopted by the society.

Dr. John H. Grant read a paper on

THE ADULTERATION OF FOOD SUPPLIES,

which was discussed by Drs. Edward Clark, A. L. Benedict, and John D. McPherson.

Dr. Frank Van Fleet, of New York, was to have presented the next paper, but sent his regrets through the president.

Dr. Sidney A. Dunham then gave an address on

X-RAY THERAPEUTICS,

presenting several interesting patients and photographs. Drs. A. W. Bayliss and S. S. Green discussed the subject and some interesting points were developed.

The society adjourned and in the afternoon a boat ride down the river, with dinner at the Island Club House, afforded a pleasant afternoon and evening for nearly one hundred members.

PROGRESS IN MEDICAL SCIENCE.

Pediatrics.

Conducted by MAUD J. FRYE, M. D., Buffalo, N. Y.

THE BACILLUS OF DYSENTERY IN SUMMER DIARRHEA.

La Fetra and Howland (*Archives of Pediatrics*, March, 1904,) report a series of sixty-four consecutive cases of summer diarrhea in infants occurring in the Vanderbilt Clinic in the summer of 1903. Of these, which were consecutive cases, sixty-two showed the presence of the bacillus dysenteriæ.

All types of diarrheal disease, as characterised by their clinical symptoms, were to be found among these cases. Some were examples of severe and some of mild ileocolitis; others could only be classed as the mildest form of intestinal indigestion. The

course of the disease, while usually short, was prolonged in eight cases. As compared with cases of summer diarrhea of other years those in this series were in general much milder; and possibly this was due to two factors: (a) the cool summer; (b) the increasing knowledge among the tenement population of the care of infants and their food. There were a striking number of breast-fed infants, fourteen in sixty-two cases, more than 20 per cent. of all. Of these breast-fed children not one was severely or even moderately ill, and only one had blood in the stools.

The serum treatment was not given in a sufficient number of cases to warrant any conclusions. While of apparent benefit in some cases, there were others in which no effect whatever was noticed. It may be that larger dosage is necessary; but, if so, the serum must be more concentrated than at present.

PNEUMONIA AND PLEURISY IN EARLY LIFE SIMULATING APPENDICITIS.

GRIFFITH, (*Journal Am. Med. Assn.*, August 29, 1903,) reviews the literature on this subject and reports in detail several cases of his own. He says in conclusion: There is especially in early life, a well-recognised, long-known, but frequently forgotten, tendency for patients with pneumonia or pleurisy to refer to the abdomen the pain really produced in the chest. This is more liable to happen when the disease is situated in the lower part of the thorax, but there is reason to believe that it may also occur when it has attacked the upper portion. It is also more deceptive when the right side of the thorax is affected, since the right side of the abdomen is then liable to exhibit pain, and the presence of appendicitis is suggested. Combined with the abdominal pain in these cases there is also constipation and abdominal tenderness and distension. These symptoms, together with the vomiting which quite commonly ushers in an attack of pneumonia in childhood, easily produce a clinical picture very closely simulating that of appendicitis.

The distinction is to be made by giving due consideration to (1) the sudden rise of temperature to 103° F. or thereabouts, and the tendency to maintain this degree; (2) the acceleration of respiration, which is out of proportion to the pulse rate or the pyrexia; (3) the relaxation of the abdominal walls between the respirations; (4) the diminution or the disappearance of tenderness on deep pressure with the flat of the hand; (5) the possible presence of cough. Finally, no operation for appendicitis should ever be performed until after a careful, or perhaps repeated, examination of the lungs has been made. All these points will, how-

ever, frequently fail to make the diagnosis certain, as the experience of able observers has shown.

LAVAGE IN CHILDREN.

Caille, (*Post Graduate*), states that the most convenient and at the same time the most thorough way of washing out a child's stomach is by means of a fountain syringe attached to a glass T-canula which has a flexible catheter at one end and a waste tube at the other. The child should be held upright in the nurse's lap with the head secured in the forward position to allow saliva and the vomit matter to escape from the mouth. Care must be observed not to insert the tube into the larynx and the tube should not be so large as to compress the larynx. When the clear cry of the child is heard the tube is not in the larynx. In letting in water the stomach must not be filled to overflowing unless it is necessary to expel large curds which would not go through the No. 12 or No. 14 catheter. Overflowing the stomach is not safe, except when the child's body is bent forward or the child lies on its side. Stomach washing may also be accomplished by having the child swallow warm water in the ordinary way, and subsequently inducing vomiting by the introduction of the finger into the throat.

Lavage, according to Dr. Câille, is indicated in: acute gastritis, acute poisoning, cholera infantum, chronic indigestion with atony of the stomach; in difficult feeding cases; in persistent vomiting, and previous to operations on the stomach.

When it is necessary to simply clear the stomach of its irritating contents a single washing is sufficient. In chronic cases washing every other day is sufficient. The irrigation fluid should be boiled water at the body temperature; occasionally it is well to add a teaspoonful of the bicarbonate of sodium to render the solution alkaline in reaction.—*Abs. in Jour. Am. Med. Assn.*

SPASTIC PARALYSIS TREATED BY TRANSPOSITION OF HAMSTRING TENDONS.

Bernard Bartow, Buffalo, (*Amer. Jour. Orthopedic Surg.*, February, 1904,) reports the case of a boy of eleven years with typical general congenital spastic paralysis. Athetosis did not exist at any time. Enfeeblement of mind was marked and general growth retarded. The hamstring group was chiefly involved, having become greatly contractured. Electrical reaction was especially weak in quadriceps. The author instead of merely tenotomising the contractured semitendinosus, semimembranous

and gracilis, carried them forward and anchored them to the aponeurosis of the vastus internus. The tendon of the biceps was fastened to the vastus externus. The gastrocnemii were depended upon for flexion-power.

After eight weeks, massage and faradism were instituted and the patient was encouraged in attempts at locomotion. Ten weeks after operation, he was able to stand with a little assistance. Ten weeks later he was able to walk three-quarters of a mile with aid of crutches. There has been marked improvement in the mental faculties, and a decrease in the nervous excitability. The author suggests that the central excitement may be, in part, a reflex of the continued muscle spasm. Photographic illustrations show great improvement, not alone in the correction of the deformity, but in the facial expression as well.—*Wisconsin Medical Journal.*

THE PREVENTION OF INFANT MORTALITY.

Some years ago an establishment called "The Drop of Milk" was formed in Paris by two physicians, Drs. Farrot and Budot. The object of this institution was to see that children should receive proper nourishment during the first six months of their lives. In speaking of the institution, a writer in a recent issue of the *Review of Reviews* says: "The children, mostly of the laboring classes, are brought to the institution upon stated days for examination, and the mothers receive a card of admission, entitling them to a certain number of bottles of sterilised milk. This is to be given at home in accordance with the directions given by the physician at the institution. In general, the infants are left with their parents, but the conditions require that the mother bring the child regularly—first, to have it weighed, that the effect of the alimentation may be ascertained; secondly, that the mother may take part in the school of instruction; and thirdly, for the regular distribution of the milk. Infants of all classes, rich and poor, are admitted. There is a pay section, a reduced rate section, and a free section." Similar institutions might with profit be established in the poorer districts of many of our large cities where infant mortality is still too high.—*Medical Age.*

TREATMENT OF MEASLES.

Louis Starr's method includes confinement to bed till all traces of eruption are gone; room temperature at 65-68°; avoid exposure of eyes to much light; feedings more frequent and more dilute—liquid diet for patients accustomed to mixed food; cool drinks (pure water or carbonated, or Vichy) in moderate quantities at short intervals; sponge with tepid water every morning

warm woolen underclothing, morning sponging with salt water and change of air during convalescence; for early moderate fever, quinine (2 grains by rectum every 3 or 4 hours) and one or two drams of liquor potassii citratis every two hours—add to this 20 drops of paregoric and 5 to 10 drops of syrup of ipecac if cough becomes very troublesome and croupy; for persistent high temperature, phenacetine in one to three grains, repeated as necessary to keep temperature below 103°—or warm, tepid or cold sponging or baths; as cough grows loose give ammonium chloride, one or two grains every second hour; as convalescence approaches give one grain quinine t. i. d., and if need be whiskey, iron or cod liver oil; wash lids four times daily with hot water, and then instill a few drops of borax solution (gr. x ad oz. i); for malignant cases, whiskey or brandy, eggs, raw beef juice, meat broth, quinine, digitalis, ammonium carbonate, mustard baths and hot packs; for constipation, mild laxatives; for diarrhea, rhubarb, bismuth and chalk mixture; distressing vomiting best treated by careful feeding, tepid water to clear out stomach and weak mustard plaster to epigastrium; when eruption delayed or imperfect, use hot mustard foot-baths or full baths, hot packs, mustard sinapisms, stimulants and liquor amonii acetatis (a teaspoonful or two every two hours.)—*Denver Medical Times.*

OTITIS MEDIA IN INFANCY.

Morse (*Jour. Am. Med. Assn.,* July 18, 1903.) calls attention to the fact that this is a frequent condition in infancy and is often overlooked. Many infants with acute inflammation of the middle-ear show no signs of pain at any time, and many others who evidently have pain somewhere show nothing which will direct attention to the ear.

It is a common impression that putting the hand to the ear means earache. It sometimes does, but more often does not. All sick babies are very likely to wave their arms about, grab at their ears and pull their hair. Apparent tenderness on pressure over the mastoid is another most unreliable guide. Tenderness over the mastoid is unusual anyway, in simple acute inflammation of the middle-ear, and, on the other hand, most sick babies will cry if firm pressure is made on any part of their body. The only way to determine satisfactorily whether or not there is inflammation of the middle-ear is to examine the middle-ear with a speculum. The examination of an infant's ears is not a simple matter and requires considerable experience. The results, however, are well worth the time required to master the technic. A smaller speculum than comes with most sets is necessary.

Acute inflammation of the middle-ear is usually, but not always, associated with fever, which may be high. It causes many reflex symptoms, which are sometimes quite severe, convulsions not being very uncommon. These reflex symptoms very often attract the attention from the real seat of the trouble to some other part of the body. Meningitis, pneumonia, gastritis, worms, dentition and, in fact, almost every acute disease but the right one is suspected.

An acute primary inflammation of the middle-ear is probably more often mistaken for pneumonia than for any other condition. Secondary inflammations are far more frequent than the primary forms. They occur most frequently as complications of diseases of the respiratory tract, especially when the upper air passages are involved. They may develop in any of the diseases of infancy and are especially common in conditions of malnutrition.

FOR INFANTILE COLIC.

According to A. McAllister (*Pediatrics*, October, 1903,) the following is a favorite prescription of Rotch:

R	Sodium bicarbonate	gr. 40	2.7 gm.
	Aromatic spirits of ammonium	m. xl	2.7 gm.
	Glycerin	m. xxx	2.0 gm.
	Peppermint water	ʒii	60 gm.

M.—A teaspoonful between feedings.

—*Therapeutic Review.*

INFANTILE GASTRITIS.

The receipt for the vegetable bouillon, recommended by Méry as a substitute for milk in cases of gastritis in infants, is given in *Medecine moderne*, for March 30, 1904, as follows:

Carrots, Potatoes ..... lx gm. (2 ounces)
Green Beans, Turnips ..... of each xxv gm. (½ ounce)
Water ..... 1 liter (1 quart)

Boil for four hours and add 75 grains of salt; a teaspoonful of rice flour may be used to thicken.

—*Therapeutic Review.*

Surgery, Obstetrics and Gynecology.

Conducted by WILLIAM WARREN POTTER, M D., Buffalo.

VERATRUM VIRIDE IN SURGERY.

C. L. Bonifield (*American Jour. of Obstetrics*) speaks very highly of veratrum in surgery. It relieves inflammatory pain and lowers the temperature. In appendicitis, after the principles

taught by Ochsner have been applied—that of keeping the stomach and bowels emptied to arrest the peristaltic movements—veratrum viride meets every other indication for treatment. It sustains the heart by making it work easier; it stimulates elimination of the poison of the liver, kidneys and skin; it lowers the temperature and relieves the pain. It is possible that by its action upon the circulatory system it brings an army of leukocytes to the field of battle and in this way helps to destroy the invading army of germs. The circulation is much more profoundly influenced by veratrum than by hot and cold applications. In rapid acting hearts in post-operative peritonitis, after the bowels have been emptied, veratrum is a most valuable agent in slowing the heart's action. It is better than digitalis and strychnin, as it lessens the cardiac labor and gives time for rest between beats. Here, too, its eliminative action is most helpful. The preparation of the drug preferred by this author is Norwood's tincture. Where prompt action is wanted, as in eclampsia, it is best to give deep subcutaneous injections. Or, it may be given in this way in appendicitis, if it is desirable to keep the stomach empty. It produces some irritation at the point of injection, though the writer has never seen an abscess. The dose varies from five to thirty minims, according to the size and age of the patient. The toxicity of the drug has been overrated by the rank and file of the profession. H. C. Wood says that it is one of the safest of all the cardiac depressants. *Medical Standard.*

PREGNANCY AND FORCEPS DELIVERY WITH UTERINE CANCER.

Dr. I. A. Shirley, Winchester, Ky., reported to the Kentucky State Medical Association (*Virginia Med. Semi-Monthly*) at its last meeting the case of Mrs. F., age 38 years, who had lost four small children by drowning. The shock, of course, was severe. Shortly afterward she found herself flooding freely and often from the vagina. On examination, unmistakable evidences of cancer of the cervix were found. He sent her to Dr. Chas. A. L. Reed, of Cincinnati, who concurred in the diagnosis, and advised immediate vaginal hysterectomy—stating that he considered it an ideal case for operation. On attempting the procedure a few days later, however, he found such involvement of the surrounding structures that he contented himself with removing a portion of the anterior lip of the cervix, and sent her home. After her return she became pregnant.

At term Dr. Shirley succeeded in dilating the os through the cancerous mass sufficiently to introduce high forceps, and delivered a good size girl baby that is now some eight or nine years

old. Profuse hemorrhages came from many tears in the malignant growth, but these were finally checked by gauze tamponade of both the uterus and vagina. The mother recovered without special departure from the usual getting up, but died eighteen months later from a continuation of the disease.

The question is, did the severe shock of grief due to the drowning of her four children—as is believed by some—have anything to do with the starting of the malignant growth?

The case is worthy of record because of the occurrence of pregnancy and parturition at term in a woman whose cervix uteri had been removed.

PROPHYLAXIS OF PUERPERAL SEPSIS.

George L. Broadhead (*Medical Record*, April 23, 1904,) says that puerperal sepsis is still a very common disease, except in hospital practice, where it has markedly decreased within the past few years. Statistics of mortality in private practice are extremely unreliable, because of the fact that death from sepsis is frequently ascribed to causes other than septic infection. It is said that in England—outside the lying-in hospitals—sepsis claims as many, or perhaps more, victims than it did twenty or forty years ago. If the vagina is free, as has been shown, from pathological bacteria, the cause of sepsis must necessarily be the introduction of septic material from without. This being the case, the question naturally arises: "is it necessary or advisable to make internal examinations during labor?" The object to be obtained in making such an examination is four-fold: We desire to inform ourselves as to (1) the presentation and engagement; (2) the position; (3) the degree of dilatation; and (4) the possible presence of a prolapsed cord. As to presentation, engagement and position, the diagnosis can almost invariably be made out by careful external examination. Many lives are lost every year from internal examinations which are absolutely unnecessary. As to dilatation, we should be guided largely by the character of the pains, their frequency, the duration of labor, and the parity of the patient. If she is to be left for any length of time dilatation must be taken into account; but if the physician is to remain with the patient, or is ready at any time to respond to the call, internal examination to determine the amount of dilatation is unnecessary. In the writer's own practice he has demonstrated over and over again that labor can be conducted successfully with no vaginal examination whatever.

If internal examination is necessary, the hands and vulva should be thoroughly sterilised. Chloride of lime, one teaspoonful

and acetic acid, two teaspoonfuls, to the quart, is the strength used in sterilisation of the vulva; while for the hands it is used twice this strength—after using soap and water, of course. Gloves are recommended.—*St. Paul Med. Jour.*

STERILITY DUE TO THE MAN.

E. H. Grandin (*Medical Record,* March 26, 1904, quoted also in the *Medical Age,*) emphasises the importance of gonorrhea and syphilis as etiological factors in the production of sterility, and enters a vigorous protest against present educational methods, by which young men are kept in ignorance of the wide-spread dangers attending the contraction of these diseases. Gonorrhea is responsible not alone for sterility, but also for many cases of pelvic disease in women and blindness in children. Man is responsible for race suicide in its true sense; in fully 45 per cent. of the cases of sterility in women the man is the responsible party. With syphilis, while a woman might conceive she as a rule miscarries, which practically amounts to sterility. The laity fails to realise and physicians do not lay sufficient stress upon the preponderant influence of the rôle played by men in the etiology of sterility in women. In every case of sterility the semen of the male should be examined, because although a man may be able to copulate he may be incapable of impregnation. In from 6 to 8 per cent. sterility is due to the fact that the man is sterile in that his semen does not contain spermatozoa, although he possesses the power to perform the sexual act. Every young man should be instructed as to the risk he runs when he contracts gonorrhea or syphilis, and the possible risk he carries to the woman whom he marries. By proper educational methods the operating gynecologist will be deprived of nearly 60 per cent. of his work, while on the other hand the human race will be immeasurably benefited.

THE URINE IN PREGNANCY.

W. Wilson (*British Med. Jour.*, March 19, 1904,) discusses from experience the significance of the analysis of the urine of pregnancy with especial reference as a warning of impending eclampsia. As a general rule normal urinary findings are indicative of normal conditions in pregnancy, but abnormalities may exist in the specific gravity, urea excretion, and in the presence of albumin and glucose which are followed by normal labor. Of a considerable number of urine analyses during pregnancy only a small percentage showed entire freedom from albumin and glu-

cose, but in no instance, provided there was no serious renal change, did the urine fail to return to normal after labor, except in a few cases where fatal eclampsia occurred. Small traces of albumin may be due to pressure by the gravid uterus causing renal congestion, but careful microscopic examination for granular and epithelial casts affords the only reliable guide as to the state of the kidneys themselves. The presence of glucose in small quantities is in itself of little moment as regards the outcome of the pregnancy, but when it represents a diabetic condition it is of grave import.

After advocating the periodical examination of the urine in all cases of pregnancy, and with greater frequency as term is approached, the author points out that the most dependable indications of impaired renal function and possible eclampsia are the presence of decided quantities of serum-albumin, the diminution in urea excretion, and the presence of casts, and the like. In young women even with normal urine the possibility of eclampsia must be borne in mind, and should it arise it may be equal in severity to those cases in which morbid conditions of the urine have given warning of its occurrence. Though not an unfailing guide, urine analysis affords the most trustworthy warning of danger that we possess, and in the event of eclampsia arising venesection and normal saline transfusion are the most reliable remedies.—*Medical Age.*

SIGNIFICANCE OF URINALYSIS IN PREGNANCY.

Wilson (*American Jour. of the Med. Sciences*) dwells upon the importance of urinalysis as a diagnostic agent of eclampsia. He concludes his article as follows:

1. Careful urinalysis should be carried out in all cases of pregnancy at frequent intervals, and with increased frequency as term is approached.

2. The most dependable indications of impaired renal function and of probable eclampsia have been shown by general experience to be the presence of decided quantities of serum albumin, the diminution of the eliminated urea, and the presence of a microscopic renal sediment (casts, renal epithelium, blood, etc.) The character of the latter, when accompanied by the well known clinical signs of nephritis, always constitutes a working basis for an estimate of the probability of imminent danger.

3. Even if the urine appears perfectly normal the possibility of eclampsia must be considered, especially in young women. Eclampsia in such cases is of equal severity with that of cases in which the urine was given due warning of impaired renal functions.

4. When eclampsia supervenes upon labor in a subject with previously (apparently) healthy kidneys, the tendency subsequently is toward a return to normal renal functions if the patient survives. This circumstance would seem to indicate still more strongly that the kidneys may actually have been normal up to the time of a temporary embarrassment and suspension of function.

5. Until the nature and ultimate cause of uremia and eclampsia are more thoroughly understood, it would appear that urinalysis, though not an unerring guide, is our most valuable index of the condition of the kidneys, and our most trustworthy source of information as to danger from such forms of toxemia.

6. The prognosis seems to be vastly improved if eclampsia be combated by generous bleeding followed by venous transfusion with normal salt solution. These measures reduce and dilute the poison in the circulation, and relieve the cardiac distress. Free diaphoresis and purging are of course indicated.—*Medical Standard.*

TREATMENT OF STERILITY.

Dr. PETER HORROCKS (*Lancet*, January 9, 1904. Ref., *The Birmingham Med. Review*, March, 1904, quoted in the *Post Graduate*,) says treatment, of course, depends upon what is discovered by the examination.

1. *No treatment* where woman healthy and not been married three years. If still sterile after three years she may then return for advice.

2. *Food and Exercise.*—Simple food and work, or its equivalent of physical exercise. No alcohol or drugs, especially opiates or sedatives. If the patient is fat permanganate of potash, one or two grains in tabloids after food, three times a day, is good. Spare diet is supposed to improve the chances of having a male child.

3. Tonics can be given if the patient is in bad general health.

4. *Change of Environment or Climate.*—A town patient may be sent to the country. Generally a warmer climate is more favorable to fertility, so such countries as India, South Africa, Italy, Madeira, France, Cornwall, and Devonshire, are suitable. Sending patients to hydropathics or spas is often useful.

5. *Specifics.*—This applies to syphilitic parties only, so mercury or mercury and iodid.

6. *Local Treatment.*—This depends upon what is found by examination. Morbid conditions of the vulva, vagina, cervix, and uterus must be dealt with on ordinary lines. Where there is reflex spasm of the vagina with expulsion of semen post coitum,

put in a vulcanite pessary and advise incomplete penetration. Stem pessaries and electricity are of little service. When the fallopian tubes or the ovary is the seat of old inflammatory changes it is not justifiable to perform laparatomy for it alone owing to the risk to life. Should the abdomen be opened for any other cause, then the freeing of adhesions and the opening up of a closed fallopian tube might prove of great service.

7. *Regulation of Coitus.*—Remove any source of pain; advise against excess, and recommend a day or two before the aura as the best time. It might be necessary to enforce abstinence for a week to a month or more.

8. *Natural Habits.*—Be sure a vaginal douche is not being used for any supposed vaginitis. Should all measures fail, attention must be turned to the husband as a possible cause of sterility.

Medicine.

Conducted by NELSON W. WILSON, M. D., Buffalo, N.Y.

TYPHOID PERFORATIONS.

Frank, (*Jour. Amer. Med. Assoc.*, April 2, 1904,) in reporting a case of typhoid perforation discusses the literature and gives the following summary: Perforations are to be expected in about 2.5 per cent. of all cases of typhoid fever. Prompt surgical intervention is the best and only logical treatment. Early diagnosis is most desirable and will be the means of greatly reducing the mortality, as 55 to 60 per cent. would recover. Diagnosis sufficiently early to achieve these results can only be made by careful watching, treating all cases as serious ones and a proper interpretation of the early, even the preperforative symptoms, the suggestions of Cushing as to this stage being of value. At the first indication of this stage have the surgeons in consultation and be prepared to operate. The sphygmomanometer should come into general use as an important aid to diagnosis. More cases die from delay than error in surgical technic. Therefore, in doubtful cases, though mistake may be made and no perforation be found, operate. No case, unless dying, is so desperate as to be beyond some hope of saving. So in operating lose no time, and be sure to drain. Get into the abdomen quickly and get out more quickly. —*Therapeutic Review.*

THE THERAPEUTIC USE OF BENZOIN.

According to Colton (*Therapeutic Gazette*, 1903, Vol. XXVII., p. 441,) the therapeutic value of benzoin depends, chiefly, on the benzoic acid which it contains.

Benzoic acid is an efficient antiseptic and even germicide. According to Brunton, it is an antiseptic in the proportion of 1 part to 1,000, and begins its germicidal action in strength of 4 parts to 1,000. Colton ranks the tincture of benzoin above all other occlusive dressings for small wounds. It is very useful for the treatment of cracked nipples, bed sores, chapped hands and fissures of the anus, and the like. Chronic forms of eczema are benefited by painting them with a tincture, or dusting them with benzoate of bismuth.—*Therapeutic Review.*

VALUE OF SALINE INFUSION IN ENTERIC FEVER.

D. G. MARSHALL, (*Lancet*, 1903, Vol. II., p. 1152,) reports the case of a woman of 25, who developed typhoid fever eight weeks after the birth of a child. The attack was a very intense one, the temperature at a very early date remaining about 104. During this time cold packs kept the temperature in check. On the nineteenth day, with a temperature of 105 and very weak heart sounds, the patient had a chill. Ordinary heart stimulants did not rouse the patient, and 20 ounces of saline solution were injected. The patient answered to this very nicely. On the twentieth day another chill occurred and again the heart sounds became very weak; 25 ounces were injected. On the twenty-sixth day a hemorrhage necessitated the injection of more salt solution and 25 ounces were injected twice within an interval of 12 hours. Improvement continued until the forty-second day when a relapse began. On the fifty-second day another chill was noted, the temperature rising to 106.2, the pulse to 160; 30 ounces of saline solution were injected with considerable improvement.

The patient had another relapse some time later but ultimately recovered. The general treatment throughout was fresh chlorine water and other intestinal antiseptics, sulphuric acid and opium to restrain the diarrhea, and 20-grain doses of chloride of calcium in hemorrhage. The author is certain the patient's life was saved by the saline infusion.—*Therapeutic Review.*

TREATMENT OF HEMORRHAGE IN TYPHOID FEVER.

MOORE, (*Practitioner*, 1904, Vol. LXXVII., p. 139,) believes a profound intestinal hemorrhage in typhoid fever is a less dangerous symptom than repeated small bleedings. A hemorrhage from the bowels in the third or fourth week is a much more dangerous symptom than that occurring in the earlier stages of the fever. For the purpose of controlling the hemorrhage he recommends, first, absolute rest, not only of the patient but also of the bowels;

this is obtained by withholding food for several hours, and by the free exhibition of opium, preferably in the form of hypodermic injections of morphine. Ice poultice or ice bag is laid over the right side of the abdomen. He frequently employs the following formula:

R	Acidi tannici	gr. x.
	Tincturæ opii	m. x.
	Spiritus terebinthinæ	m. xv.
	Mucilaginis acaciæ	ʒij.
	Tinct. chloroformi comp.	m. xx.
	Aquæ menthæ piperitæ ad	ʒj.

Sig.—Tablespoonful at a dose.

When the hemorrhage is so profuse as to threaten life, ice-water enematas or a hypodermic injection of salt solution may be employed; in such cases 20-grain doses of chloride of calcium every few hours are of value, while adrenalin or cornutin may also be employed.—*Therapeutic Review.*

TUBERCULOUS PERICARDITIS, WITH A REPORT OF CASES.

Stockton, (*American Medicine,* June 11, 1904,) gives the clinic and pathologic manifestations of three cases of tuberculous pericarditis with the following summary:

1. Tuberculous pericarditis is not a rare affection.

2. The diagnosis is usually not made except in cases with simultaneously active tuberculous processes in other parts.

3. The concurrence of pleurisy with blood stained effusion may be regarded as suggestive.

4. The pericarditis may be of a chronic obliterative type, or there may be massive effusion, generally sanguinolent, but rarely purulent.

5. It may be acute, continuing for but a few days, or chronic, existing for many months.

6. It may be a part of a multiple serositis, and the proportion of cases in which at least one or more of the pleural cavities are involved is remarkable.

7. The disease is to be regarded as a secondary affection, although from a clinical standpoint of view, some cases may be looked upon as primary.

8. The point of origin of the infection is often found in the bronchial and mediastinal lymph-nodes, although these may be quite exempt from the disease. The infection may be direct from continuity of tuberculous tissue, or by transmission through lymph vessels, or through the circulation.

9. The heart may be greatly enlarged, or normal in size, or even somewhat small.

10. Some observers believe that occasionally the process subsides and that comparative cure results.—*Medical Fortnightly.*

REMARKS ON FICKER'S TYPHOID DIAGNOSTICUM.

Ehrsam, (*Meunchener Med. Wochenschrift,* No. 15, 1904.)—The publication of Dr. Meyer (*Berlin klin. Wochenschrift,* No. 9, 1904,) on the reliability of Ficker's reagent inspired the author to further investigation. The writer's experiments were carried out in the laboratory of Prof. Leubuscher, in Meiningen. In brief, Ehrsam's results are the following:

1. A carpenter, 42 years old, with a diagnosis of typhoid fever showed a positive reaction with Ficker's reagent in the third week and during convalescence.

2. A woman, 36 years; typhoid; reaction positive in the latter part of the stationary period and during convalescence.

3. Male, age 20; diagnosis typhoid; Ficker's reaction positive the third week.

4. Male, 23 years old; typhoid; reaction positive third week.

5. Girl of 17; typhoid; positive reaction the third week.

6. Boy, 17 years old; typhoid; reaction positive during stationary period.

7. Five-year-old child; typhoid; positive reaction.

8. Seventeen-year-old boy; typhoid; reaction positive during convalescence and in the following relapse.

9. Girl of 18; pulmonary phthisis, with high temperature; reaction negative.

10. Male, age 19; rheumatic polyarthritis and croupous pneumonia; no reaction.

11. A farmer, age 21; cerebrospinal meningitis; reaction negative.

12. A shoemaker, 52 years old; osteomyelitis; no reaction.

13. A 70-year-old woman; osteomyelitis; no reaction.

The author concludes, that in Ficker's reagent we possess a valuable and reliable typhoid diagnosticum, and on account of its practicability and simplicity is preferable to the original Gruber-Widal reaction.—*Medical Fortnightly.*

TURPENTINE IN TYPHOID FEVER.

Moore, (*Practitioner,* 1904, Vol. LXXVII., p. 138,) is a great believer in the value of turpentine in the treatment of typhoid fever. It acts as a diffusible stimulant, intestinal antiseptic, pre-

vents chest complications and meteorism, and also has an action in checking hemorrhage. He prescribes it in the following combination:

R Spiritus terebinthinæ ..... ʒij.
Spiritus ætheris nitrosi ..... ʒij.
Spiritus chloroformi ..... ʒij.
Emulsion amygdalæ ..... ad ʒvj.
M.—Ft. mistura. Sig.—Shake the bottle. Half an ounce for a dose.

—*Therapeutic Review.*

IN CONSTIPATION AND OBESITY.

Professor W. S. Bogoslowsky, (*British Medical Journal,*) from clinical observations on the action and value of a constant bitter water, draws the following conclusions (*Transactions* of the Moscow Section of the Society for the Preservation of Public Health, No. VI):

Systematic treatment with Apenta water is especially indicated for constipation produced by atony of the bowels, and it has the advantage that its use does not give rise to subsequent constipation.

Its action is more gentle than that of some other bitter waters because it contains less calcium sulphate and no magnesium chloride. It is probably owing to this circumstance that it does not cause crampy pains.

The efficiency of Apenta as a remedy for the systematic treatment of obesity is clinically established.

ABSTRACTS.

Glycogen in the Treatment of Diabetic Albuminuria.

M. Lacumonier, (*Bulletin General de Therapeutique*, January 15, 1904,) calls attention to the value of glycogen in the treatment of diabetic albuminuria. He recalls the fact that last year he was led to conclude that the hepatic cell in diabetics seemed to have lost the power of fixing glycogen in its cytoplasm. His researches have since been confirmed by Monier, of Liege. This brings to mind the fact that Frerichs many years ago, having obtained by trocar from a diabetic patient a parcel of hepatic tissue, ascertained microscopically the absence of glycogen in the hepatic cell. Albuminuria is a grave complication of diabetes and requires active treatment. Unfortunately, this symptom and diabetes are, as it were, antagonistic, the former requiring a milk

diet, or at least a diet rich in hydrocarbons; the second, on the contrary, demanding a diet from which are excluded as much as possible starches and sugars. Again, considering the condition of the kidneys in diabetics, certain remedies now used, antipyrin and other toxics, cannot be employed. The writer found that the methodic use of glycogen seemed to avoid this difficulty, and mentions a number of cases with charts to sustain his point. The dose administered began, as a rule, with one gramme (15 grains) in the course of the day.—*Monthly Cyclopedia*, April, 1904.

Icterus from Insect Bites and Gallbladder Disease.

W. Bauermeister, Brunswick, Germany, (*Therapeutische Monatshefte*, May, 1904,) observes that there not infrequently occurs, as a consequence of the bites of various insects, a more or less extensive urticaria with general dyspeptic symptoms of a gastrointestinal catarrh. Sometimes yellowness of the scleræ and of the skin demonstrates a duodenal catarrh. Reciprocal action of the skin and the intestinal tract are common phenomena, but the latter is usually the first factor, as in herpes, furunculosis, and similar conditions. In the cases under consideration the trouble emanates in the skin, and is analogous to the occurrence of gastroduodenal ulcerations after burns, for which the explanation is possibly some physical change in the bile (pleiochromia). Violent irritation of the skin may occasion gastrointestinal ulcerations and lesser disturbances may cause a hyperemic swelling of the intestinal mucosa and a so-called catarrhal icterus. These effects of insect bites the author himself experienced. While visiting a university town in 1901 he was so bitten by bedbugs that he had a severe urticaria lasting two weeks. The attack left him with dyspepsia and so depressed that he had to go to the mountains for recuperation. A violent acute gastroenteritis compelled him to return home. While convalescing therefrom, he was suddenly seized with a gallbladder colic, which recurred at frequent intervals, was accompanied by tension in the region of the liver, and marked swelling of that organ. There was no icterus or marked excess of bile pigment in the urine. The cholecystitis lasted for months, despite the regular use of Carlsbad water.

He then proceeded to a systematic disinfection of the biliary system, as the cholecystitis was dependent upon an infectious catarrh. For this purpose salicylic acid is our most effective remedy; it is in part excreted by the gallbladder walls, the seat of the catarrhal process, and there develops its antiseptic action. An abundant flow of bile is the best natural antiseptic for the

biliary passages, and to effect this we have no agents more powerful than salicylic acid and sodium oleate. The author had pills made up containing 1½ grains of each, and later added menthol and phenolphthalein as analeptics and to mildly stimulate intestinal activity. These pills, named probilin, are difficult to prepare, but they are easy to take. In the morning before breakfast and in the evening before retiring he took three or four pills, slowly drinking thereafter about a pint of hot water. After two twenty days' courses of this treatment, with a fortnight's interval between, he gradually mastered the gallbladder infection. He ascribes his recovery entirely to the disinfectant and cholagogue effect of this treatment, and is strengthened in his conviction by the fact that he has succeeded during the past eighteen months in practically curing between sixty and seventy cases of cholelithiasis with and without the passage of gallstones; in only two cases was operation necessary. On the basis of these observations he states that the systematic use of salicylic acid with acid oleate of sodium will help when all other methods, such as Carlsbad with and without rest, eunatrol, turpentine, olive oil, and the like, do no good and the sufferer is face to face with the knife. He details a number of cases.

The treatment is equally efficacious in some cases of bile stasis without concretion formation, i. e., as sometimes observed in cirrhosis of the liver. It appears in the form of a chronic cholangitis, with possibly a slight icterus and irregular intermittent fever and slight chills, general malnutrition and concomitant conditions.

The exact reason for the increased passage of concretions under the probilin treatment is not quite clear. Two halves of a gallstone, equal in size and weight, were immersed in plain water and a probilin solution. The first showed no change after several days, while the second was noticeably smaller and covered with a sticky, slimy coating which the microscope showed to be composed of saponifying cholesterin crystals. The cholesterin rhomboids were softened and polypoid at their edges, showing that they were undergoing solution. The crystals were finally replaced by a mass of softened matter. While this may not occur to the same degree in the gallbladder, it must do so to some extent, since both salicylic acid and soaps are excreted into the viscus. Laboratory reactions also show that not all concretions are equally subject to this solvent action. Bilirubin limestones, pea-sized, examples of which are found not infrequently in the common duct, are recalcitrant to it. And since the salicylic-oleic acid medication acts on these also, its effects cannot be attributed to chemical solution alone.

When the concretion is not simply entangled in the duodenal

papillæ, so that it is washed down by the fluid from the stomach, the effect must be due to the increased vis a tergo from the cholagogue action of the remedy, together with the diminished mucosal swelling from the effect of the salicylic acid on the catarrhal process. In point of fact the softness and friability of the calculi found in the gallbladder and ducts when operating on patients who had had probilin, were very noticeable.

In a postscript the author expresses his gratification at the fact that Dr. Kuhn, chief physician in the Elisabeth Hospital at Cassel, a well-known authority in hepatic disease recommends, in the *Berliner Klinik* of June, 1903, salicylic acid and oleate of sodium as the two most reliable drugs. In the Congress of Naturalists at Cassel, Kuhn reiterated his belief in their efficacy and advised the addition thereto of menthol, which is virtually the composition of probilin.

Treatment of Menstrual Disorders.

Willey, Louisville, (*South. Practitioner*) says the term amenorrhea which is used to mean the total absence of the menstrual discharge, or a marked deficiency in the quantity of the flow, may be physiological or pathological. During pregnancy the absence of the menstrual discharge is physiological and is not here considered. When pathological, the cause of amenorrhea may be said in general to be: (1) taking cold, at or near the menstrual epoch; (2) severe mental perturbation, as fright, sorrow, or great elation of spirit; (3) it may be symptomatic in several affections, as tuberculosis, anemia, chlorosis, syphilis, typhoid fever, nephritis, pelvic peritonitis, and other morbid conditions; (4) obesity; (5) luxurious life, or overtaxing the nervous system; (6) stenosis or atresia of the cervical canal, or imperfect development of the tubes, ovaries or uterus; (7) vicarious menstruation may make the condition obscure, there being a discharge at the regular monthly periods from the nose, lungs, bladder, stomach, nipple, or other part.

Treatment should be addressed to removing the cause. When the amenorrhea is caused by having contracted cold, the patient should have a warm sitz bath, and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, perferably a saline, will greatly aid in bringing on the flow.

In amenorrhea, delayed menstruation and dysmenorrhea, ergoapiol has acted in his hands in a most satisfactory manner. In scanty menstruation he found it particularly valuable and cites the following case:

A lady, aged 33, had scanty menstruation which had covered the period of a year. At no time in the year had her menstrual period been longer than eighteen hours, but generally twelve hours told the tale. Her menses were not only scanty, but the color of the menstrual blood was pale, and the odor disagreeable. This woman had no associated disease that most searching examination could bring out. Still she had steadily increased in flesh for the last two years, and to this I attributed the amenorrhea.

This patient was put upon systematic exercise and a dietary that was rational, and ergoapiol (Smith) was administered with regularity, a capsule four times a day. After two months her menstruation became normal and the remedy was discontinued.

Another case cited is as follows:

A girl 20 years old was sent to Willey by the matron of a boarding school. She enjoyed good health prior to entering the school, but for three months had not menstruated, and was suffering constantly with vertigo and had attacks of hysteria. Attributing the amenorrhea to change of conditions of life—that of an open life on a farm to that of a shut-in inactive life, ergoapiol (Smith) was given after each meal for two weeks prior to the day of her usual menstruation. Her menses soon appeared and she has since had no further trouble.

In the course of the article the author cites a number of cases and says:

"My experience with ergoapiol (Smith) is such that I regard it as an indispensable remedy in all expressions of amenorrhea along with proper remedies for any diseased condition associated in the causation of the affection. Of course those cases where the amenorrhea is due to atresia of the cervical canal, and to any other condition which is remedial only by surgical means, drugs will prove of no avail. The same can be said of instances in the amenorrhea due to a rudimentary state of the female organs of reproduction."

Antitetanic Serum as a Prophylactic.

Dr. Joseph McFarland, (*Journal American Medical Association,* July 4, 1903,) reports the results of a series of observations upon eight hundred horses which illustrate the value of antitetanic serum as a prophylactic agent. During a period of four years there had been a death-rate of 10 per cent. from tetanus, in spite of all precautions. A systematic immunisation with antitetanic serum was then begun. Injections of 10 to 25 c.c. of serum were given every three months. As a result, the death-rate from tetanus rapidly decreased, and in the second year had been reduced to less than 1 per cent. The author believes that

the practical conclusions to be drawn from these observations may be applied to the human subject. He thinks that antitetanic serum should be given as a prophylactic measure in all cases of suspicious wounds that are likely to be followed by tetanus. Experiments made on guinea pigs by the author demonstrated that the dried serum fully protects inoculated animals. In further elaboration of this subject we quote the following from the *Virginia Medical Semi-Monthly*, which says: an editorial in the *New York Medical Journal*, March 26, 1904, remarks that "the present drift of opinion seems to be to the effect that tetanus antitoxin, while probably of considerable prophylactic efficacy, is of little use as a curative agent."

Recent experience in the immediate topical employment of this antitoxin in cases of toy-pistol injuries appears to support the trust in its prophylactic value.

From such experiences as above referred to it has been proposed to immediately inject antitetanic serum in every case of traumatism of a suspicious character—hoping in this manner to prevent the subsequent development of tetanus. It has been suggested to inject prophylactically all new-born infants in certain sections of Europe in which trismus neonatorum prevails.

The serum is harmless to man, and may be given hypodermatically as the other serums. Nocard recommends that a first injection of ten cubic centimeters should be made in adults as soon as possible after traumatism. A second injection should follow in from twelve to fifteen days. The use of antitetanic serum in no way precludes the employment of spinal antispasmodic remedies, as chloral, bromides, morphine, eserine, and the like.

CORRESPONDENCE.

Walter Reed Memorial Association.

$25,000 to be Raised. — Subscriptions Solicited.

Editor Buffalo Medical Journal:

Sir.—I am sure you will agree with us that the scientific work of the late Major Walter Reed, U. S. A., which has led to such beneficent results, should receive some special recognition. With this object in view the "Walter Reed Memorial Association" has been incorporated under the laws of the District of Columbia. After careful consideration we have decided that this is the most practical manner of securing a responsible board of trustees to take charge of the funds subscribed for a memorial to Major

Reed, and to attend to the execution of the project when the necessary money has been received. The American Medical Association and the Association for the Advancement of Science have appointed committees which will no doubt coöperate with us, and subscriptions to the fund may be handed to any member of these committees, or they may be sent to Mr. Chas. J. Bell, president of the American Security and Trust Company, Washington, D. C., who has consented to act as treasurer. It is thought that at least $25,000 should be raised, and it is probable that the exact character of the memorial will not be determined until a considerable portion of this amount is in the hands of the treasurer. While we feel that the non-medical public should contribute a considerable portion of the amount required, we must depend mainly upon the physicians to arouse interest in the project by pointing out the important results of Major Reed's yellow fever investigations.

Will you not aid us in this way and also by any personal contribution you may be willing to make? Correspondence may be addressed to the secretary.

By order of the executive committee.

C. DeWitt, *Secretary*,
1707 21st Street, N. W.

Washington, D. C., July, 1904.

TOPICS OF PUBLIC INTEREST.

Examination for Army Medical Service.

THE examination of applicants for commission in the medical corps of the army will be materially modified after July 1, 1904, when the amended regulations governing the matter will go into effect. Immediate appointment of applicants after successful physical and professional examination,—the latter embracing all subjects of a medical education,—will be discontinued; thereafter, applicants will be subjected to a preliminary examination and a final or qualifying examination with a course of instruction at the army medical school in Washington intervening.

The preliminary examination will consist of a rigid inquiry into the physical qualifications of applicants and written examination in the following subjects: mathematics (arithmetic, algebra and plane geometry); geography; history (especially of the United States); Latin grammar and reading of easy Latin prose; English grammar, orthography, composition; anatomy; physiology; chemistry and physics; materia medica and therapeutics; normal histology. The subjects in general education above men-

tioned are an essential part of the examination and cannot under any circumstances be waived.

The preliminary examination will be conducted concurrently throughout the United States by boards of medical officers at most convenient points; the questions submitted to all applicants will be identical thus assuring a thoroughly competitive feature; and all papers will be criticised and graded by an army medical board in Washington. Applicants who attain a general average of 80 per cent. and upwards in this examination will be employed as contract surgeons and ordered to the army medical school for instruction as candidates for admission to the medical corps of the army; if, however, a greater number of applicants attain the required average than can be accommodated at the school, the requisite number will be selected according to relative standing in the examination.

The course of instruction at the army medical school will consist of lectures and practical work in subjects peculiarly appropriate to the duties which a medical officer is called upon to perform. While at this school the students will be held under military discipline, and character, habits, and general deportment closely observed.

The final or qualifying examination will be held at the close of the school term and will comprise the subjects taught in the school, together with the following professional subjects not included in the preliminary examination: surgery; practice of medicine; diseases of women and children; obstetrics; hygiene; bacteriology and pathology; general aptitude will be marked from observation during the school term. A general average of 80 per cent. in this examination will be required as qualifying for appointment, and candidates attaining the highest percentages will be selected for commission to the extent of the existing vacancies in the medical department. Candidates who attain the requisite general average who fail to receive commissions will be given certificates of graduation at the school and will be preferred for appointment as medical officers of volunteers or for employment as contract surgeons; they will also be given opportunity to take the qualifying examination with the next succeeding class.

It is not thought that, for the present at least, the number successfully passing the preliminary examination will be greater than can be accommodated at the army medical school, nor that the number qualifying for appointment will exceed the number of vacancies. If, however, the class of candidates qualifying should be larger than reasonably thought, the young physicians who fail to receive commissions will not have wasted their time, as the course of instruction at the school, while in a large measure

specialised to army needs, is such as will better fit them for other professional pursuits, and furthermore they will have received a fair compensation while under instruction.

Admission to the preliminary examination can be had only upon invitation from the surgeon-general of the army, issued after formal application to the secretary of war for permission to appear for examination. No applicant, whose age exceeds thirty years, will be permitted to take the examination, and the authorities at the war department desire it distinctly understood that this limit of age will be rigidly adhered to. Hospital training and practical experience are essential requisites, and an applicant will be expected to present evidence of one year's hospital experience or its equivalent (two years) in practice.

The first preliminary examination under the amended regulations above referred to will be held about August 1, 1904; those desiring to enter the same should at once communicate with the surgeon-general of the army, Washington, D. C., who will be pleased to furnish all possible information in regard thereto.

Substitution Has Again Been Punished.

SUPREME COURT, STATE OF NEW YORK,
COUNTY OF NEW YORK.

FAIRCHILD BROTHERS AND FOSTER, a Corporation,
Plaintiff,
against
MORRIS DLUGASCH and HERMAN FINKELSTEIN, doing business under the firm name or style of Broadway Drug Company,
Defendants.

The summons in this action, dated the 20th day of October, 1903, and the complaint herein, verified the 20th day of October, 1903, having been duly served on the defendants on the 21st day of October, 1903, together with an order to show cause, containing a preliminary injunction against the defendants and each of them, dated the 21st day of October, 1903, and an undertaking having been filed by the plaintiff herein and duly approved by the court, and an order of injunction pendente lite having been granted and entered herein on the 30th day of November, 1903;

and the defendants having answered by their answer verified the 9th day of November, 1903, and having on the 23d day of March, 1904, offered in writing to allow judgment to be taken against them to the effect that "the said defendants and each of them, and their servants, agents and employes, and all persons acting in their behalf, be prohibited, restrained and enjoined perpetually from selling, dispensing, advertising or displaying at the drug store of said defendants at No. 177 Broadway, Borough of Manhattan, City of New York, or elsewhere, any chemical or pharmaceutical preparations of any sort or kind whatsoever bearing signs, labels or wrappers marked 'Fairchild' or 'Dr. Fairchild,' or any similar word or words, or purporting to be made by 'Dr. Fairchild' or 'Fairchild,' which said preparations are not manufactured by plaintiff;" and the plaintiff, on the 23d day of March, 1904, the same being within ten (10) days after service of said offer of judgment having accepted said offer, as appears by the affidavit of Arthur F. Gotthold, duly verified the 23d day of March, 1904, and hereto annexed; and the parties herein having adjusted the money damages and costs as prayed for in the complaint;

Now on motion of Gould & Wilkie, attorneys for the plaintiff herein, it is

ADJUDGED that the defendants and each of them and their servants, agents and employes, and all persons acting in their behalf, be and they hereby are prohibited, restrained and enjoined perpetually from selling, dispensing, advertising or displaying at the drug store of said defendants at No. 177 Broadway, Borough of Manhattan, City of New York, or elsewhere, any chemical or pharmaceutical preparations of any sort or kind whatsoever bearing signs, labels or wrappers marked "Fairchild" or "Dr. Fairchild," or any similar word or words, or purporting to be made by "Dr. Fairchild" or "Fairchild," which said preparations are not manufactured by plaintiff.

THOS. L. HAMILTON, *Clerk*.

Dated, March 24, 1904.

A SUBSTITUTE FOR RUBBER GLOVES.

J. B. MURPHY is now experimenting with a temporary covering for the hands while operating. He immerses his hands in a 4 to 8 per cent. solution of gutta percha in benzine. This leaves the hands covered by an impervious and sufficiently durable rubber coating. This film is very thin and does not interfere with the delicacy of touch. The false skin can readily be removed by washing the hands in benzine.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges should be addressed to the editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

VOL. XLIV.—LX. AUGUST, 1904. No. 1

University of Buffalo Endowments.

WHEN the leader "Keep in touch with Buffalo" was published in the last issue of THE JOURNAL, it was for the purpose of arousing interest in the University of Buffalo among the alumni of the medical department. It was not expected that the task of bringing the question of an ardent and earnest support of the institution before the friends of the college would be an easy one, therefore a series of editorial articles on the same general subject was contemplated with the intention of hammering at it until either an active interest was awakened, or until it should become apparent that apathy was so dense that nothing could penetrate it.

It is gratifying, however, to state that within a very few days after THE JOURNAL had been placed in the mails, letters were received from some of the alumni and other friends of the University commending the stand taken and offering support. Personal visits to the editor of THE JOURNAL followed and so much genuinely unselfish interest has been shown on all sides, that we feel safe to assume the university will henceforth have at least the moral support of the alumni as a body. The exhibition of what might be called a pyrotechnic outburst of enthusiasm, will not suffice. The article referred to was written with the sole purpose of calling attention to apparent shortcomings. Its language was plain. Its silent text was covered by that epigram uttered by ex-Governor Black at a dinner given in his honor a few years ago at the Ellicott Club in Buffalo by Mr. Butler, of *The News*,—"He has no place on the heights who is satisfied with the plains." Its object was upward and onward.

The faculty of the medical department can no longer rest under the suspicion, even in the minds of the self-inflated or discontented, of inactivity. The council by its action at a recent

meeting looking toward the establishment of a liberal arts department, has shown that it has not alone the interests of the university closely at heart, but the future educational welfare and reputation of the city of Buffalo as well. Yet the good-will and self-sacrificing endeavor of the gentlemen composing the council and those who have tirelessly worked as members of the medical faculty, are insufficient to bring the university before the world and place it in the position which by right of reputation and efficiency it deserves. Brains may make a university. Money is needed to support it. A man with money can always hire brains; but a man with brains, regrettable though it be, cannot always make money.

The University of Buffalo needs money. It has never in all its long and honorable career received one penny in endowment. Wealthy Buffalonians have given of their means to the church; they have given, with a swelling pride and a sense of work well done, liberally to charity at home and abroad; yet under their very eyes there has been for years struggling through the morass of adversity and hardship an educational institution of which the city should be proud, and which it should be considered a privilege and an honor to aid with a few of the dollars which they scatter with lavish hand. It is growing to be the fashion for rich men to give of their wealth during life. The motive for this innovation should not be questioned. It is well that it is so; it gives them a chance to see that they are doing good and aiding the cause of humanity.

When one scans closely the condition of the University of Buffalo and realises the pitiably small sum necessary to justify the establishment of a liberal arts' department, which necessarily means the enlargement and perfecting of the medical department, it seems as if there must be men in Buffalo sufficiently broad-minded and public-spirited to remove the only obstacle that lies in the way of a brilliant future. It is estimated that $25,000 a year would place the university in a position to take her place among well-equipped and well-qualified educational institutions. If there are not twenty-five men in Buffalo sufficiently interested to give $1,000 a year each for this purpose, then there may be fifty such who might be prevailed upon to give $500 a year. In the meantime, while these twenty-five or fifty men are being canvassed and impressed with the importance of endowment, there is a chance for the alumni to distinguish themselves by creating an annual fund for the medical department. No matter how little it may be, if each alumnus would pledge himself to give so much each year, a very considerable and useful sum would be realised. Think it over!

Benjamin Rush.

AFTER many years of hard work on the part of several prominent members of the American medical profession a monument to one of the earliest physicians of distinction, Dr. Benjamin Rush, has been erected in the grounds of the United States naval museum of hygiene and the medical school. The statue is the gift of the American Medical Association and was unveiled at 5 o'clock p. m., Saturday, June 11, 1904, in the presence of about 500 persons, including the President of the United States, members of the cabinet, officers of the army and navy, and members of the American Medical Association.

Dr. J. H. Musser, president of the American Medical Association, opened the exercises in a brief address at the end of which he introduced Dr. J. C. Wilson, of Philadelphia, who delivered an oration on the life and character of Benjamin Rush. At the conclusion of this address Mr. Louis R. Metcalf, the architect of the statue, unveiled the work while the marine band played "My Country 'tis of Thee."

President Roosevelt was then introduced by Dr. Musser and accepted the statue in the following language:

I accept on behalf of the nation the gift so fittingly bestowed by one of the great professions—this statue of a man who was eminent not only in that profession, but eminent in his service to the nation as a whole. We have listened to the interesting study of the life of Benjamin Rush, and it must surely have been brought home to each of us here that his career derives its peculiar significance in part from the greatness of his pioneer work as a physician on this continent, in part from the way in which he combined with arduous and incessant labor in his profession the greatest devotion even outside of that profession to the welfare of his fellow countrymen.

Here, at the national capital, it is earnestly to be hoped that we shall finally see commemorated, as the services of Rush are henceforth to be commemorated by this statue, all the great Americans, who, working in widely different lines, by the aggregate of their work, make the sum of achievement of America in the world. I thank and congratulate you of the medical profession today upon what you have done, not merely in commemorating the foremost pioneer in your own profession, but in adding at the national capital a figure to the gallery of great Americans who should be here commemorated. (Applause.)

As you said, Dr. Benjamin Rush was not a specialist in the modern sense. He could not be. There were not any specialists in the modern sense, as you pointed out. There was no possibility of there being such. But I would like, in this age of specialisation, to say one word in the way of a short sermon to eminent

specialists. Today, no specialist in a democratic country like ours can afford to be so exclusively a specialist as to forget that one part of his duty is his duty to the general public and to the state.

Where government is the duty of all, it of course means that it is the duty of each, and, the minute that the average man gets to thinking that government is the duty of somebody else that minute the republic will begin to go down. It is a fortunate thing for our country that we should have before us the lives of men like Rush, who could take a part in our public life as distinguished as is implied by having been a signer of the Declaration of Independence, and yet do it without a particular neglect of the man's own proper duties. (Applause.)

I would earnestly plead, in addressing this audience, and especially the members of the high and honorable profession which has given this gift to the nation, that you never for one moment permit yourselves to forget the fact that the well being of the republic ultimately depends upon the way in which, as a rule and habitually, the best citizen of the republic does his duty to the state (applause) : and that we have a right not merely to expect but to demand from our hardest worked men, from the leaders of the great professions, the full performance of that public service which consists in a zealous, intelligent and fearless performance of the ordinary duties of public life by the ordinary private citizen. (Applause.)

I thank you for having presented to the national capital, to the people of the United States, the statue of a man who was foremost as a leader and a pioneer in his profession, who was a great physician and a great American.

This brought to end one of the most interesting ceremonies that has fallen to the lot of the American medical profession to participate in. It witnessed the culmination of the hopes, ambitions, and energies of a group of earnest physicians who have struggled against odds for twenty years to bring about the result thus happily accomplished.

Many of the original projectors of and workers for this consummation have gone to their reward. To those familiar with the inception and early history of the Rush monument scheme, the thought will instinctively arise "Oh, that Gihon, the erudite and genial surgeon who served his country so long and faithfully in the navy, could have lived to witness the scene above described!" For it was to the indefatigable energy, even persistency, of Commodore Albert L. Gihon, medical director, United States Navy, who served for more than fifteen years as chairman of the Rush monument committee, that the work has been brought to such a happy conclusion. He was ably seconded by George H. Rohé, and other members of the committee, but almost everyone knows

that Gihon, though met by discouragements and even ridicule, laid the foundation so deep and firm for the building of the statue that those who have finished his work have done so with comparative ease. We should not enjoy the splendid art tribute to the memory of our distinguished colonial physician unless, in this record of its unveiling, we recalled the work in relation to its building of Albert Leary Gihon.

The English Courts Deal With Substitution.

FOLLOWING closely upon the heels of the successful fight against medical substitution in New York City wherein the proprietors of pepto mangan, Gude, secured a permanent injunction against a big department store restraining it from exposing any preparation in any way similar to their protected article, word comes from London of the end of a substitution case which will take its place in medico-legal history as something of a cause celebre, because of the high standing of the representative and distinguished professional men who appeared for the plaintiffs, and because the victory over substitution was so sweeping.

Burroughs-Wellcome & Company have been doing business in England for a great many years and their medical products have become known for accuracy, purity and standard strength. The tablet or compressed pill form of drugs which they fathered were some years ago given the trade name of "tabloids," and as such were advertised to the profession. This "carried" name was registered as a trade-mark under British law. Tabloids became synonomous with honesty in drugs and accuracy in dosage and were specified in prescriptions. Other manufacturers of tablet drugs made no attempt to infringe openly, but many large drug firms did a fine business in substitution. When tabloids were written and the Burroughs-Wellcome make specified, it was the custom of substituters to dispense a similar looking tablet of an entirely different make.

The chief offenders were Thompson and Capper, who own many drug stores, and they were brought into court before Mr. Justice Byrne. It was merely a business case in the beginning and no one apparently took much interest in it until Burroughs-Wellcome & Company began to call witnesses to prove the value of tabloids as a distinct product. Then the drug trade and the medical profession and the lawyers and the reading public generally sat up and took a lively interest in the case, for among the witnesses who appeared opposed to substitution were such men as Sir Francis Laking, surgeon to King Edward; Dr. A. Pearson

Luff, scientific expert to the British Home office; Sir Patrick Manson, medical adviser to the British Colonial office; Prof. Attfield, professor of chemistry of the Pharmaceutical Society of Great Britain and editor of the British Pharmacopeia; Prof. Donald Macalister, of Cambridge; Sir R. Douglas Powell, physician to King Edward; Sir Andrew Critchett, oculist to the King; Sir William Thompson, surgeon to the King in Ireland, and Mr. Reginald Harrison, who is so well known in this country, and who is a member of the American Urologic Association.

These men and many others testified that when they prescribed tabloids they wrote with the understanding that the Burroughs-Wellcome product would be dispensed. Then by the witnesses of Thompson and Capper it was shown that there had been practised substitution of the rankest and most bare-faced description, an inferior and less-certain manufacture of tablet having been substituted. Thompson and Capper in an effort to block the inevitable injunction asked to have the word tabloid removed from the trade-mark register, and this was made a part of the case. Mr. Justice Byrne gave judgment against the substituting firm by dismissing the motion to remove the word tabloid; by granting an injunction against Thompson and Capper, and ordering them to pay damages and costs and also the costs of the comptroller of trade marks. An appeal was taken to the supreme court of judicature, which is equivalent to our court of appeals where, after hearing the arguments and reviewing the evidence, the appeal was dismissed and Thompson and Capper were assessed all the costs of both sides in the appeal.

The outcome of this case is more widespread in England than the recent case in New York, for whereas the New York decision affects only the particular dry goods firm proceeded against, the English decision covers the entire kingdom. The Thompson and Capper people did a good business in substitution as shown by the evidence, and the judgment entered against them will have the effect of pretty generally killing the evil in England for all time to come.

Elsewhere in this issue we publish a letter from General De Witt, secretary of the Walter Reed Memorial Association, announcing the incorporation of that body and the readiness of the executive committee to receive contributions. The object is a worthy one and every American physician should feel proud of the achievements of this distinguished physician, who accomplished so much in staying the progress of yellow fever. Major Reed's name will be forever linked with the wiping out of this

terrible malady in Havana, which for centuries had been a menace to the lives and health of the people of the United States.

New York City's progress in facilities for medical and surgical training under the best conditions has been marvelous. New hospitals and additions to hospitals go up with almost magical speed, and from every state in the Union come novices who have made up their minds to devote their lives to the relief of suffering and the benefit of their fellow beings. Additional clinical buildings and laboratories besides the many already in use are soon to be constructed.

In Germany, when a person breaks down with consumption, he is sent to a government sanatorium, where he is kept until he recovers or dies. In the mean time his family receives a weekly pension from a fund to which the patient himself contributed when he was in good health. By this means the risk of spreading the disease is avoided.

The court of appeals has rejected the appeal of Antonius, the boy wonder (aged 40), from the sentence of nine months in the penitentiary for swindling sick persons by a fake healing scheme.

Weichers was on bail for a year, but is now in the Erie County Penitentiary serving the time for which he was sentenced. It was said that he was in New York until recently.

At the annual convocation of the University of the State of New York, held at Albany, June 27-28, 1904, Dr. Albert Vander Veer, a regent of the university, discussed the subject of higher education as related to medical schools under the following title: "Should the regents register college courses as the equivalent of the first year in a medical school?"

Dr. Vander Veer favored the teaching of certain medical subjects in undergraduate colleges, such as primary anatomy, histology and medical botany, thus permitting advance work in these subjects in the first year in the medical colleges. He argued in favor of a seven years' course (academic and medical combined), and expressed the belief that a definite arrangement of this question was approaching. He believed that encouragement should be given to the seven years' plan, for without it, he declared, there was danger that young men would go directly from the high school to medical colleges, a danger which, he said, should be avoided. He read a large number of opinions of varying nature on the question, outlined a possible curriculum for first year medi-

cal work in colleges and closed by declaring that while independent colleges might find it difficult, nevertheless universities having medical departments could arrange for such courses. He believed that the independent colleges would also find it possible on the basis suggested by the regents.

In his address in opening the convocation the Chancellor Hon. Whitelaw Reid said: "If the reorganised board of regents and the new commissioner of education understand themselves and each other and their opportunity, they are firmly resolved that their whole province is a realm in which politics shall never enter."

This is a wise beginning and it is hoped and believed that such a wholesome sentiment always will prevail throughout the management of our educational affairs.

Mr. Justice Fitzgerald, of the supreme court in New York, heard arguments in relation to the consolidation of the State Medical Society and the State Medical Association, as provided by chapter 1, laws of the state of New York, 1904.

The Onondaga County Medical Association was the only organisation which opposed granting the order of merger, though a few scattering individuals are antagonising the scheme of medical unity. Mr. Howard Van Sinderen, of New York, appeared for both state organisations in favor of the order, and in the course of his argument said that more than 5,600 out of 5,700 members of the county medical societies were in favor of the proposed plan of amalgamation, as were also more than 1,600 out of 1,767 physicians belonging to the association.

The opposition, consisting of the Onondaga County Medical Association and a few individuals of other associations, was represented by Willard A. Glann, Esq., of Syracuse. Judge Fitzgerald reserved his decision.

Vitality of germs of diphtheria for a long time, has been demonstrated by the report of a health officer in Mecosta county to the secretary of the Michigan State Board of Health, who states that twenty years ago, Mrs. T. lost a daughter by death from diphtheria, and then some of the girl's clothing was put away in a chest and nailed up. The chest was not disturbed until this spring, when the mother, 75 years of age, opened it and looked over the clothing, soon after which she was taken sick with diphtheria and died, June 17, 1904. The health officer believes she contracted the disease from the clothing, infected twenty years ago.

PERSONAL.

Dr. Thomas D. Davis, of Pittsburg, was elected president of the National Association of United States Pension Examining Surgeons, at its recent annual meeting at Atlantic City. The experience of Dr. Davis will be valuable to the association, and the next meeting will undoubtedly be a profitable one.

Dr. Harold N. Moyer, of Chicago, the accomplished editor of *Medicine*, was elected president of the American Medical Editors' Association at its recent meeting at Atlantic City.

Dr. Walter B. Chase, of Brooklyn, has been appointed visiting surgeon to the Bethany Deaconess's Home and Hospital in that city.

Dr. E. C. Dudley, of Chicago, president of the American Gynecological Society, will deliver the address in gynecology at the next meeting of the Canadian Medical Association, which opens at Vancouver, August 23, 1904.

Dr. John B. Murphy, of Chicago, was elected president of the Chicago Medical Society at its recent annual meeting. This is one of the best organised city medical societies in the country and in President Murphy has an ideal chief who will not fail to make further progress for the society along the lines of scientific inquiry and social improvement which it has already marked out for itself.

Dr. J. P. Runyan, of Little Rock, who has been for several years the secretary of the Arkansas State Medical Association, was elected to the presidency thereof, at the last annual meeting. This is a most fitting recognition of the meritorious services of Dr. Runyan.

Dr. W. S. Renner, of Buffalo, sailed July 26 on the Kronprinz Wilhelm, to spend his vacation in Europe. He was accompanied by Mrs. Renner.

Dr. F. Whitehill Hinkel, of Buffalo, has been appointed a delegate to represent the American Medical Association at the

Seventh International Congress of Otology to be held at Bordeaux, August 1-4, 1904, under the presidency of Dr. E. J. Moure, Bordeaux, editor of *Revue Hebdomaire de Laryngologie, d'Otologie et de Rhinologie.* Dr. Hinkel sailed July 21, on the Hamburg and will return the last week in August.

Dr. JOHN B. DEAVER, of Philadelphia, upon invitation delivered an address on Diseases of the prostate before the British Medical Association during its annual meeting at Oxford, July 26-29, 1904. Dr. Deaver's treatise on enlargement of the prostate is about to issue from the press of P. Blakiston's Son & Company.

Dr. G. A. HIMMELSBACH, of Buffalo, sailed for Europe, July 12, 1904, and will return early in September. He will make an extensive tour, including Great Britain and the continent.

Dr. IRVING W. POTTER, of Buffalo, has gone to Europe for a two months' holiday, having sailed July 12, 1904. His tour will include Germany, Italy, France, and England.

Dr. CHARLES HAASE, of Buffalo, has been appointed junior physician at the Manhattan State Hospital, located at Central Islip.

Dr. JOSEPH BURKE, of Buffalo, received the degree of bachelor of science at the commencement of Manhattan College, New York, June 21, 1904.

Dr. L. S. MCMURTRY, of Louisville, president of the American Medical Association, sailed on the Arabic, July 29, 1904, for a six weeks' tour in Europe. His itinerary includes Dublin, Belfast, Glasgow, Edinburgh, London, Paris, Brussells, and Antwerp. He is accompanied by his daughter, Miss Marie-Louise, and they will sail homeward by the Finland, from Antwerp, September 3.

Dr. CHARLES G. STOCKTON, of Buffalo, sailed for Europe, July 28, for a few weeks' tour in Great Britain and on the continent.

Dr. E. P. HUSSEY, of Buffalo, was elected president of the International Hahnemannian Association at its recent annual meeting, held at Rochester, N. Y.

OBITUARY.

Dr. Frank W. Whitcomb, of Warren, Pa., a graduate of the University of Buffalo, 1882, was drowned in Conewango Creek, near Frewsburg, N. Y., June 30, 1904, aged 45 years.

Dr. Frank Savary Pearce, of Philadelphia, died at Stubenville, Ohio, May 27, 1904, aged 36 years. He graduated at the University of Pennsylvania and at the time of his death was professor of neurology in the Medico-Chirurgical College of Philadelphia. He was the author of a textbook on nervous diseases and was preparing another on mental diseases which was soon to issue from the press. His illness was brief and his sudden death was a shock to a wide circle of professional and other friends.

Dr. Henry A. Wise, of Williamsburg, Va., died at St. Luke's Hospital, Richmond, May 5, 1904, aged 30 years. He was born in Williamsburg, where he grew up to manhood and practised his profession. His preliminary education was obtained under the embarrassments of partial invalidism due to hip disease, but he completed his academic studies at William and Mary College and took his medical degree at the University College of Medicine, Richmond, in 1896. Dr. Wise began the practice of medicine in association with his father in the city of his birth where he acquired an extended clientele and was regarded as the foremost physician of his years on the Virginia peninsula. He held the office of examining surgeon at Hampton, Va., and had been president of the alumni association of his alma mater. He was a man of accomplishments, sterling integrity, professional skill and courteous manners. He sprang from one of the most distinguished families of Virginia and leaves a large group of relatives and friends in grief at his early demise.

SOCIETY MEETINGS.

The Association of Military Surgeons will hold its thirteenth annual meeting at Saint Louis, October 10-15, 1904, under the following administration: president, Medical Director John C. Wise, U. S. N., Warrenton, Va.; first vice-president, Surg. Gen. Walter Wyman, P. H. & M. H. S., Washington, D. C.; second vice-president, Major Albert H. Briggs, N. G. N. Y., Buffalo,

N. Y.; third vice-president, Brig. Gen. Robert M. O'Reilly, U. S. A., Washington, D. C.; secretary, Major James Evelyn Pilcher, U. S. V., Carlisle, Pa.; treasurer, Major Herbert A. Arnold, N. G. Pa., Ardmore, Pa.

THE American Microscopical Society will hold its twenty-fifth annual meeting at Buffalo, August 23, 24 and 25, 1904. The following-named chairman of committees are in charge of details: executive committee, Hon. T. Guilford Smith; committee of arrangements, Dr. William C. Krauss; committee on exhibits, Dr. George E. Fell; committee on finance, Dr. Lee H. Smith.

PROGRAM.

Tuesday, August 23, morning session.—At the Society of Natural Sciences: address of welcome on behalf of the city, Hon. Erastus C. Knight, mayor; on behalf of the Society of Natural Sciences, Hon. T. Guilford Smith, president; on behalf of the medical profession, Dr. Henry R. Hopkins.

Opening of the session, Prof. T. J. Burrill, president of the American Microscopical Society; noon, luncheon; afternoon, scientific meeting; evening, reception.

Wednesday, August 24, morning.—At the Historical Society building: scientific meeting; noon, luncheon at the Park Club; afternoon, scientific meeting; evening, at the Society of Natural Sciences, president's address, microscopical exhibition.

Thursday, August 25, morning.—At the Society of Natural Sciences: final business meeting, election of officers; noon, luncheon; afternoon, trip to Niagara Falls, inspection of power plant.

Mrs. John Miller Horton, chairman of the women's committee, has arranged several trips for the visiting women, including a boat ride on the river, with tea at Falconwood Club, an automobile ride around the city, luncheons, a large reception, and the like.

THE Medical Society of the County of Chautauqua held its annual meeting at Bemus Point, Wednesday, July 13, 1904, under the presidency of Dr. W. J. French, of Hamlet. No scientific session was held and only such business transacted as was necessary, the day being given over to recreation. A dinner was served at Pickard's hotel, many ladies participating in the entertainments of the day.

THE American Neurological Association will hold its next annual meeting at Saint Louis, September 15, 16 and 17, 1904, under

the presidency of Dr. Frank R. Fry, of Saint Louis. This meeting will be immediately followed by the sessions of the various departments of the congress of arts and sciences, beginning September 17.

The Buffalo Academy of Medicine held meetings during the months of May and June as follows:

Section on Obstetrics and Gynecology.—Tuesday evening, May 24. Program: Pancreatitis and cholelithiasis, Stephen Y. Howell. Annual election of officers of this section for ensuing year.

Section on Ophthalmology.—Tuesday evening, May 31. Program: The nasopharynx as a portal of entry for germs—The treatment of cancer of the larynx, Roswell Park; discussion lead by F. W. Hinkel. Report of committee on memorial to Dr. Henry D. Ingraham. Election of officers of this section for ensuing year. A collation was served at the close of the meeting.

Annual Meeting.—Tuesday evening, June 14. Program: president's address, Our academy—Postpartum hemorrhage, Joseph W. Grosvenor. Official reports for the past year. Election and installation of officers. A collation was served at the close of the meeting.

The Pan-American Medical Congress meets every three years. It was started by Dr. William Pepper, of Philadelphia; Dr. Charles A. L. Reed, of Cincinnati; Dr. Albert Vander Veer, of Albany, and Dr. H. L. E. Johnson, of Washington. The first meeting was held at Washington, September, 1893; the second in Mexico in 1896. The third was to have been held in Venezuela in 1899, but was given up on account of the war in that country. The place of meeting was changed to Cuba, but had to be postponed until 1901 on account of the fever there. These meetings have always been well attended and it is thought that Panama will be an interesting place for the next congress. Further particulars will be sent out from time to time to the journals, together with notifications from the different officers appointed to represent this and other countries.

The American Electrotherapeutic Association will hold its next annual meeting at Saint Louis, September 13-15, 1904, under the presidency of Dr. A. D. Rockwell, of New York. Physicians

are invited to apply for membership. Address the secretary, Dr. Clarence E. Skinner, New Haven.

The Lake Keuka Medical and Surgical Association held its fifth annual meeting July 28 and 29, 1904, at Grove Springs, under the presidency of Dr. A. L. Beahan, of Canandaigua. Physicians from Buffalo announced on the program were William C. Krauss, A. A. Hubbell, Roswell Park, Charles E. Congdon, and Floyd S. Crego. Joseph Price, of Philadelphia, was put down to read on Surgery of the tubes and ovaries, and Robert T. Morris, of New York, was listed for a paper entitled, The idea of gross cleanliness in surgery and its harmful results.

The Mississippi Valley Medical Association will hold its thirtieth annual meeting at Cincinnati, October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick, of Chicago. The headquarters and meeting places will be at the Grand Hotel. The annual orations will be delivered by Dr. William J. Mayo, of Rochester, Minn., in surgery, and Dr. C. Travis Drennen, of Hot Springs, Ark., in medicine. Request for places upon the program, or information in regard to the meeting, can be had by addressing the secretary, Dr. Henry Enos Tuley, Louisville, Ky., or the assistant secretary, Dr. S. C. Stanton, Masonic Temple, Chicago. The usual railroad rates will be in effect.

The Lake Erie Medical Society held its annual meeting at Dunkirk, July 1, 1904, under the presidency of Dr. S. S. Bedient, of Little Valley. The other officers were Dr. A. L. Borden, of Gowanda, vice-president, and Dr. B. E. Smith, of Angola, secretary-treasurer. The following program was observed:

Hydrocephalus, W. C. Krauss, Buffalo; Graves's disease, Edward Torrey, Allegany; Tetanus, with report of two cases, following vaccination, E. M. Coss, Cattaraugus; Clean milk—"A talk."—N. G. Richmond, Fredonia.

The American Medical Association will hold its next annual meeting at Portland, Ore., July 11-14, 1905. This date has been decided upon, according to the journal of the association, after considerable correspondence, and is so fixed upon as best fitting the vacation season of a majority who may desire to attend. Besides, in July the climate of Portland is all that can be desired, and the scenery is at its best.

COLLEGE AND HOSPITAL NOTES.

The state hospital for the treatment of persons suffering from incipient tuberculosis, located at Raybrook, in the Adirondacks, was opened for the reception of patients July 1, 1904. Dr. John H. Pryor, formerly of Buffalo, is the superintendent and has been occupied for some months in making preparations for this event.

The hospital at present can accommodate about fifty patients, but there will be a camp of tents to accommodate some forty more. Only the promising cases are admitted, and those patients who can afford to pay will be required to bear the expense of their maintenance. The purpose of the state in establishing this hospital is to offer a limited opportunity for the treatment of curable cases and encourage the prevention of consumption by removing the patient from his surroundings before he becomes a source of danger.

The trustees are authorised to receive those who have no ability to pay, but no one will be admitted who has not been a citizen of the state for at least a year before his application. Any person desiring admission should apply to the poor authorities and they will arrange for the necessary examination. The county from which a free patient comes will have to pay for his care at a rate not exceeding $5 a week.

Medical examiners to determine the condition of candidates for admission to the hospital have been appointed in the larger cities. The examiners for Buffalo are Drs. H. R. Hopkins, Charles S. Jewett, B. J. Maycock, and G. T. Moseley.

At the Buffalo Hospital of the Sisters of Charity it is proposed to build a home for nurses in training at that institution. Dr. J. J. Mooney, president of the hospital staff, in his address to the graduating class of 1904, took strong ground in favor of this improvement, showing the inadequacy of the present quarters for nurses in the hospital building proper, and pointing out the further fact that the room occupied is needed for the accommodation of patients. Contributions of funds for the purpose named will be gratefully received by the governing authorities of the hospital.

The Buffalo General Hospital is building a home for the nurses in the training school of that institution, which will be ready for occupancy the last week in September. In reality, it is an extension of the former nurses' home and more than doubles the

present accommodations. The new building contains also a library, an assembly hall for lectures and sermons, and a gymnasium. The building stands on high ground and from an inviting roof garden a fine view of the city is obtained. When this is fitted up with awnings, hammocks, and reclining chairs, it will serve as a restful nook for tired nurses. The building will be heated with steam throughout, and will be a modern comfortable home in every respect. The cost of this improvement is estimated at $31,000.

A NEW quarantine hospital is building on the site of the old one on Ferry street. Dr. A. T. O'Hara, superintendent of the hospital, turned the first sod for the new building July 8, 1904.

THE New York School of Clinical Medicine announces the following changes in its faculty: mental diseases—Professor E. C. Dent, superintendent Manhattan State Hospital West, Ward's Island; intestinal medicine—Professor Wm. Brewster Clark, M.D.; gastrointestinal diseases—Professor Robert Coleman Kemp, M.D., Associate Professor Graham Rogers, M.D.; hydrotherapeutics—Professor Alfred W. Gardner, M.D.; ophthalmology and otology—Professor George Ash Taylor, M.D.; pediatrics—Associate Professor H. F. Senftner, M.D., Clinical Instructor and Assistant William E. West, M.D.; genitourinary diseases—Chief of Clinic and Associate Professor C. Stern, M.D.; dermatology—Chief of Clinic and Instructor L. D. Weiss, M.D. Dr. J. L. Adams was elected secretary of the faculty.

BOOK REVIEWS.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. KELLY, A.M., M.D., Philadelphia. Volume I. Fourteenth series. 1904. Philadelphia: J. B. Lippincott Company. (Cloth, $2.00.)

The first volume of the fourteenth series of the clinics presents an admirable appearance, even outstripping most of its predecessors,—which is saying a good deal. It is, however, no exaggeration to affirm that in material, illustration, and general

good looks this is a surprising volume,—one that reflects the energy of its publishers and the ability of its contributors.

Under the head of treatment are five contributions, as follows: the chlorid reduction treatment of parenchymatous nephritis, by F. Widal and A. Javal; adonidin, a clinical study, by Reynold W. Wilcox; therapeutic applications of colloid silver, by Netter and Solomon; what is the cure for neurasthenia, by Robert T. Edes; treatment of gastric and allied conditions, by George W. McCaskey. In the section on medicine are four articles by N. S. Davis, Henry W. Cattell, Henry B. Favill, and James J. Walsh respectively; while in the department of surgery are articles by Carl Beck, Clark and Luther, J. McFadden Gaston, Charles P. Noble, and Frederick Griffith. The articles on gynecology are contributed by Francis H. Davenport and Daniel H. Craig; and on neurology, William Broaddus Pritchard contributes the sole lecture, which is on peripheral neuritis. The progress of medicine during 1903 is reported under the heads of medicine, surgery, and treatment by David L. Edsall, Joseph C. Bloodgood, and A. A. Stevens.

It would be difficult to group better literature by abler men into such a narrow space limit and when the price—$2.00—is taken into consideration the book seems a marvel of perfection and illustration.

American Edition of Nothnagel's Practice. Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet, of Berlin. Edited, with additions, by Walter B. James, M.D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Octavo, 806 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $5.00 net; half morocco, $6.00 net.)

Not second to professional interest in tuberculosis is that of the people in general,—an awakening that has taken place within the last few years, or since the infectious nature of the disease has been determined. In devoting this volume to the consideration of tuberculosis the author and editors have shown wisdom.

This important disease receives the most elaborate handling in every aspect. Etiology takes up the entire first part, consisting of 345 pages, wherein every known factor contributing to the origin of the disease or playing any part in its causation is considered. Infection and methods of transmission are especially important just now; hence, as might be expected, these topics are exhaustively set forth.

The second part of the treatise deals with pulmonary tuberculosis. Early diagnosis is all important as every physician of intelligence knows, because it is in the early stages of the malady that curative treatment can be resorted to with confidence. Every useful method of diagnosis is described in detail, particular atten-

tion being given to examination of sputum, tuberculin, and serum diagnosis. The author and editor are committed to the use and value of tuberculin in the diagnosis of obscure cases, and of its harmlessness when properly used they are assured. The editor regards Koch's old tuberculin as the best.

Acute general miliary tuberculosis forms the concluding chapters of this most interesting book. The bibliography of tuberculosis is very extensive and is given here in 110 pages, even with abbreviated references, making the most valuable index of the literature of this disease that has yet been published. The entire volume constitutes a distinct addition to medical letters of the most advanced type, and will be appreciated by the scholars of the profession.

Lea's Series of Medical Epitomes. Pediatrics. A Manual for Students and Practitioners. By Henry Enos Tuley, A.B., M.D., Professor of Obstetrics in the Medical Department of Kentucky University, Louisville. Duodecimo, pp. 266, with 33 engravings. Series edited by V. C.Pedersen, M.D., Instructor in Surgery at the New York Polyclinic Medical School and Hospital. New York, Philadelphia: Lea Brothers & Co. 1903. (Price, $1.00.)

The importance of the study of diseases of children is recognised in most medical colleges, separate chairs having been assigned to this topic. In order to keep pace with the demands of undergraduate students, who ask for condensed literature on pediatrics, Professor Tuley has prepared this excellent epitomé. It contains the essentials of the subject as taught by the foremost instructors, authors, and specialists, and is a modern exposition of the best pediatric thought of teachers throughout the world. Infant feeding has been presented in accordance with its importance, leaving nothing to be added that could contribute to the value of such a book.

A Manual of Fever Nursing. By Reynold Webb Wilcox, M.D., Professor of Medicine in the New York Post-Graduate Medical School and Hospital. Duodecimo, pp. 236. Philadelphia: P. Blakiston's Son & Co. 1904.

Special literature is increasing rapidly in every branch of medicine, and that pertaining to nursing has kept pace with the other topics in this regard. It has remained for Professor Wilcox, however, to present the subject of fever nursing and, it must be confessed, he has done the work most completely, not omitting any essential feature of this important special line of nursing. Perhaps there is no class of disease that demands of the nurse more skill, patience, and good judgment than fevers, especially typhoid, and every nurse who takes charge of such patients will appreciate this excellent manual. Physicians, likewise, would do well to read it, and to recommend it to their nurses.

A Textbook of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. With 137 illustrations. Octavo, 563 pages. Philadelphia: F. A. Davis Company. 1904. (Price, $3.00 net.)

Physiology being one of the fundamentals of medicine, every opportunity to acquire it should be afforded the student. The laboratory is absolutely necessary, if one would become proficient, for the prosecution of this study and it should be presided over by a competent teacher. Next in importance are useful textbooks, of which there are several at hand. This new candidate for favor is prepared by a competent teacher who yields to the solicitation of his pupils in presenting it to the profession. It is well arranged and contains the material needed in the laboratory; indeed, it may be called a guide to the laboratory study of physiology, though much of the laboratory technic has been omitted.

The author does not claim for it the dignity of a treatise, it being too elementary in character to justify that classification, but he considers it a work which contains the chief facts of physiology, indeed, all that are necessary for the student who would apply them in the practice of medicine. The illustrations are taken from various works that have been published heretofore, credit for which has been scrupulously given. The author does not lay claim to original work, but he has grouped the essential facts of physiology in accessible form.

Manual of Clinical Microscopy and Chemistry for Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorised translation from the fourth and last German edition, with notes and additions, by Henry T. Brooks, M.D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital. With 148 illustrations and 9 colored plates. Pages xxxii-412. Octavo. Philadelphia: F. A. Davis Company. 1904. (Price, $3.00 net.)

The eminent author of this manual has prepared it with the sole object in view of supplying to students and physicians instruction in clinical microscopic and chemic methods of examination and, withal, to aid them in interpreting correctly the diagnostic significance of their findings. The microscopic portion of the book is limited, and very properly so, to the examination of fresh and dried impressions and teased preparations, thus not trenching upon the domain of pathology to which the examination of sections, and the like, belongs. The elements of microscopy, however, are carefully detailed, enabling the student to begin his work with the guidance of this book.

The chemical side of the manual is well conceived and equally well carried out. Vegetable and animal parasites are dealt with at length in the first section, bacteriology being set forth in ample form for the beginner, though the needs of the practitioner as well are conserved. The examination of the blood, sputum, gastric

and intestinal contents, the urine and the aspirated fluids, each constitute separate sections which are handled with satisfaction and thoroughness.

It is proper to say something about the work of the translator. The difficult task of rendering such a work into smooth English has been done in a most admirable manner by Professor Brooks who, in addition, has inserted notes and illustrations which serve to bring the manual into nearer touch with the general practitioner and undergraduate student. These additions are inclosed in brackets, which make them distinctive and easily recognised. The translator dedicates his part of the work to Professor Daniel Bennett St. John Roosa, president of the New York Post-Graduate Medical School, a most befitting tribute to the attainments and labors of his chief.

It is proper to add that this is one of the really useful books for student and junior practitioner to study and consult; it is a distinct addition to the meritorious literature of the year and should receive the consideration at the hands of the profession that it richly deserves.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Ten volumes. Issued under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume IV. Gynecology. Edited by E. C. Dudley and William Healy, Chicago. Duodecimo, pp. 216. Chicago: The Year Book Publishers. 1904. (Price, $1.50; entire series, $5.50, payable in advance.)

The first part of this volume contains useful hints relating to technic that will prove of interest to all junior gynecologists. The position of the patient during gynecological examination and treatment, the use of the vaginal douche, the curet, anesthesia, ovarian grafting and other important matters are grouped under "general principles" in this section.

In other parts may be found articles relating to infectious and allied disorders; tumors and malformations; traumatisms; displacements, and disorders of menstruation and sterility. One of the editors, E. C. Dudley, has presented in detail the subject of secondary perineorrhaphy, with several illustrations, the object being to simplify and unify it, eliminate errors and accentuate important features of operative technic. No one is better qualified for this task than Dudley who is an expert in plastic gynecology, as well as in abdominal surgery.

In the section on displacements, Carstens's article, presented last year at Chicago before the American Association of Obstetricians and Gynecologists, wherein he advocated, in selected cases, the use of the stem pessary in the treatment of retroversion, is quoted at some length. Under the head of tumors, R. B. Hall's article on cystic kidneys resembling ovarian cysts, read at the same meeting, is abstracted. Among the other articles read at the meeting above referred to and which are dealt with under

their appropriate heads, are J. B. Murphy's on tuberculosis of the female genitalia; R. T. Morris's on ovarian grafting; Joseph Prices's on death following pelvic and abdominal operations; E. J. Ill's on the Gilliam operation, and A. Goldspohn's on the technic of vaginal drainage.

The literature of the year has been well sorted and the best of it has been presented in this book, the editors having again displayed excellent judgment in performing a difficult task.

Diseases of the Intestines. A Textbook for Practitioners and Students of Medicine. By Max Einhorn, M.D., Professor of Medicine at the New York Post-Graduate Medical School and Hospital. Small octavo, pp. 397. Illustrated. Second, revised edition. New York: William Wood & Company. 1904. (Price, $3.00.)

Einhorn is not a new author nor is his work on diseases of the intestines his only book. His treatise on diseases of the stomach has already passed through three editions and another is preparing. The first edition of this work on the intestines issued from the press about four years ago, and has become exhausted. The demand for it, however, is such that a new edition becomes necessary, despite the fact that very little advance has been made in this field since the first appearance of Einhorn's treatise.

In the Journal for February, 1901, p. 543, we expressed a favorable impression of this textbook, and further observation and experience has served to confirm our previous judgment in the premises. We then pointed out the value of Einhorn's views on nervous affections of the intestines, and wish now to add a word in regard to his discussion of acute and chronic intestinal catarrh. The clinician is always glad of every serviceable hint in this troublesome condition which is here dealt with intelligently. Ulcers of the intestines command more attention since surgery, in appropriate cases, may be invoked with favorable prospects. The subject is one of interest and is interestingly treated in this book.

A Manual of Clinical Diagnosis by Means of Microscopical and Chemical Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., of Baltimore. Fifth edition, thoroughly revised and enlarged. Illustrated with 150 engravings and 22 plates in colors. Octavo, pp. 695. Philadelphia and New York: Lea Brothers & Co. 1904. (Price, $4.00.)

For the fifth time in the short period of eight years we are called upon to examine and report upon the qualities of this book. This is an indication of an increasing appreciation by students and practitioners of medicine, of the importance of a knowledge of the exacter methods of diagnosis which are distinguishing features of present day instruction. The literature of the past two years has been replete with new material relating to the blood, and here, in a chapter of nearly 200 pages it is found, it being

60 pages larger than the corresponding chapter in the preceding edition, embracing, too, an entirely new section on kryoscopic examination of the blood. Other sections, also, have been enlarged and still others material changes and additions have been made, until now the manual is as near complete as it is possible to make it.

We desire to invite special attention to the sections on the gastric juice and stomach contents, the feces, and the urine as being exhaustive in the treatment of these several subjects, clear in their presentation, and authoritative in method. Worthy of mention, too, are the sections on transudates and exudates, the semen, vaginal discharges, and the secretion of the mammary glands. Illustrations are made use of whenever necessary to amplify the text, some of the plates being superb. It is a book that no physician who practises modern medicine can deny himself without serious disadvantage.

The Medical News Pocket Formulary. By E. Quin Thornton, M.D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. New (sixth) edition. Leather, wallet shape for the pocket. Philadelphia and New York: Lea Brothers & Co. 1904. (Price, $1.50 net.)

This useful pocket reference book will be greeted with friendly words as it again appears, rejuvenated and brought forward to the present date. It claims many old friends as indicated by the demand for previous editions, and no doubt will gain many new ones through this new sixth republication. It contains hints for treatment as well as suggestions relating to incompatibles, poisons, antidotes, and other useful data for the sick room, either for emergencies or the routine course of practice.

Manual of Materia Medica and Pharmacy. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir, Ph.G., V.M.D., Instructor in comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Octavo, 192 pages. Philadelphia: F. A. Davis Company. 1904. (Price, $2.00 net.)

The first issue of this work was published about eight years ago, the second four or five years later, and now the third edition is presented for professional favor. Some changes have been made since the book first appeared, notably in eliminating many drugs, new and old, and retaining for description only those of recognised value in every day practice. The names of drugs are arranged in alphabetical order, which makes them easier for students to comprehend and quite as convenient for physicians to examine. The metric system is first given, and then, in parentheses, the equivalents in apothecaries' weights. A liberal interleaving in blank affords an opportunity for remarks and references. This is one of the most practical of manuals and is an excellent condensed exposition of materia medica and pharmacy.

Obstetrics for Nurses. By Joseph B. De Lee, Professor of Obstetrics in the Northwestern University Medical School, Chicago. Duodecimo, fully illustrated. Philadelphia, New York and London: W. S. Saunders & Company. 1904. (Cloth, $2.50 net.)

This book is written primarily for nurses, but the author says in his preface, and the reviewer heartily agrees with him, that medical students will find something of value in it. It is well written,—clear, concise, full. The illustrations are mainly original and from photographs. The book is to be commended to instructors of nurses as a textbook to be studied in conjunction with the didactic and clinical teaching of obstetrics. M. J. F.

The Man Who Pleases and the Woman Who Charms. By John A. Cone. Sextodecimo, pp. 131. New York: Hinds & Noble. 1904. (Price, 75 cents.)

A book which gives the essence of good breeding in a nutshell is rather out of the ordinary for review in a medical journal; but there are physicians who would be better and more successful men and women by heeding the suggestions offered in this interesting little volume. Furthermore, it will not harm any person to read it, because it contains common sense teaching.

M. J. F.

Progressive Medicine. Volume II., June, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Philadelphia and New York: Lea Brothers & Company. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

This number contains articles on surgery of the abdomen, including hernia, by William B. Coley; gynecology, by John G. Clark; diseases of the blood, diathetic and metabolic diseases, and diseases of the spleen, thyroid gland and lymphatic system, by Alfred Stengel, and ophthalmology, by Edward Jackson.

It may be that some prefer this book unbound, but frankly we do not, an unbound volume being practically of no use in our library.

Infant Feeding in Its Relation to Health and Disease. By Louis Fischer, M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, New York City. Third edition, thoroughly revised. Containing 54 illustrations, 357 octavo pages. Philadelphia: F. A. Davis Company. 1904. (Price, $2.00.)

The author presents almost a new book in his third edition, so thorough has been the revision. New chapters have been added on milk idiosyncrasies in children and on buttermilk feeding; and many changes made to afford more help to the general practitioner in the home modification of milk. The book is eminently practical and well deserves its popularity. M. J. F.

BOOKS RECEIVED.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume II. Fourteenth series. 1904. Philadelphia: J. B. Lippincott Company. (Cloth, $2.00.)

An Introduction to Vertebrate Embryology, based on the Study of the Frog and the Chick. By Albert Moore Reese, Ph.D., Associate Professor of Histology in Syracuse University. Duodecimo, pp. 291. Illustrated. New York and London: G. P. Putnam's Sons. 1904.

A System of Practical Surgery. By Drs. E. von Bergmann, Berlin, P. von Bruns, Tübinger and J. von Mikulicz, Breslau. Translated and edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York, and John B. Solley, M.D., New York. To be complete in five imperial octavo volumes. Volume III. Surgery of the Extremities. Philadelphia and New York: Lea Brothers & Company. 1904. (Price, per volume: cloth, $6.00; leather, $7.00; half morocco, $8.50.)

The Gazette Pocket Speller and Definer. English and Medical. Second edition. New York: The Gazette Publishing Company. 1904. (Price, 50 cents.)

The Surgery of the Heart and Lungs. By Benjamin Merrill Ricketts, Ph.B., M.D., Cincinnati. Octavo, pp. 526. Illustrated. New York: The Grafton Press. 1904.

A Reference Handbook of the Medical Sciences. Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By Various Writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M.D., New York City. Nine volumes, imperial octavo. Volume VIII. Illustrated by chromolithographs and 435 half-tone and wood engravings. New York: William Wood & Co. 1904. (Price: muslin, $6.00 per volume; leather, $7.00 per volume; half morocco, $8.00 per volume.)

A Textbook of Mechano-Therapy (Massage and Medical Gymnastics) for Medical Students, Trained Nurses and Medical Gymnasts. By Axel V. Grafstrom, B.Sc., M.D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised, enlarged, and entirely reset. Duodecimo of 200 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.25 net.)

LITERARY NOTES.

"TWENTY-ONE years of post-graduate medical instruction" is the title of a handsome brochure containing a report of addresses at a dinner given in honor of Dr. D. B. St. John Roosa, at Delmonico's, New York, Tuesday evening, March 1, 1904. It is embellished with portraits of Dr. Roosa, Dr. A. W. Calhoun, Dr. William Osler, Dr. Clarence J. Blake, Dr. William J. Mayo, Dr. W. W. Keen, Hon. William Potter, Dr. William M. Polk,

and Dr. Andrew H. Smith, all of whom delivered addresses. A loving cup, which is illustrated, was presented to Dr. Roosa by the corporation and faculty of the New York Post-Graduate Medical School and Hospital. A list of the guests, numbering 350, many from distant cities, is also published, the whole constituting a valuable souvenir of an event which the guest of honor may justly feel a pride in, and which also commemorates the twenty-one years since the inauguration of post-graduate medical instruction in this country.

The *Western Medical Review* has changed its form from double column quarto to standard octavo. This is commendable, as more befitting a monthly magazine, the weeklies only appearing to good advantage in the first named style. If the *Review* will now add to its improvement by placing its editorial material nearer the end instead of at the beginning of its pages, it will be a model monthly medical magazine.

Messrs. P. Blakiston's Son & Company made an interesting exhibit of medical books at the Atlantic City meeting of the American Medical Association last June. The reputation of this publishing house maintained through a long period of years, was never greater than at present. Among the new publications just ready, this house announces the following: A manual of surgical diagnosis, by James Berry, B.S., F.R.C.S., surgeon to the Royal Free Hospital, London, price $2.00; Case teaching in surgery, by Herbert L. Burrell, M.D., professor of clinical surgery, and John Bapst Blake, M.D., instructor in surgery, Harvard Medical School, price 75 cents; The treatment of some acute visceral inflammations, by D. B. Lees, M.A., M.D., physician to the Hospital for Sick Children and to Saint Mary's Hospital, London, price $1.50.

ITEMS.

The Philippine government exposition at the Saint Louis World's Fair is the largest single exhibit on the grounds. It occupies 47 acres in which are housed 75,000 catalogued exhibits, as well as 1,100 representatives of the different peoples of the islands. The sum of $1,000,000 has been appropriated for the purpose of collecting and installing this exhibit, four-fifths of which is borne by the Philippine insular government.

It comprises, in general, the walled city and its approach, the bridge of Spain; the dwellers on Arrowhead Lake; the agricul-

tural exhibit; the Plaza Santa Cruz; a demonstration of educational progress, including a Philippine school in active operation; a replica of the capitol building of the Philippines; an exhibit of the tropical hard woods; an ethnology exhibit; a fisheries exhibit; an exhibit of mineral wealth, and groups of men and women selected from various tribes, including Negritos, Igorrotes, Moros, and others, all with their native surroundings. Besides these, many other items of interest that are too numerous and varied to justify mention in this brief article, are offered for the instruction and entertainment of visitors. All Americans interested in the progress making by our country in developing and improving its insular possessions should visit this marvelous collection of people and material.

Two commodious restaurants offer food and drink to the visiting public at reasonable rates; seats are scattered throughout the grounds, the use of the toilet rooms is free, cool, filtered drinking water is offered gratuitously, the Constabulary Band of eighty pieces gives a free concert twice daily, and no pains or expense have been spared to make the stay of the visitor to the Philippine Exposition interesting, pleasant and profitable.

The Doctors' Chronological Lactopeptine Calendar is the name given to a new almanac issued by the New York Pharmacal Association, Yonkers.

Battle & Company, of Saint Louis, have issued pamphlets one and two, of the series of twelve illustrations of intestinal parasites, these relating to the tenia saginata.

The World's Fair Catalogue.—The official catalogue of the exhibits of the Saint Louis Exposition reveals the tremendous scope and wonderful industrial development of the world as illustrated therein. In the first edition, which is sent by mail postpaid to any address on receipt of $5.33 by the publishers, more than 60,000 exhibitors are listed. In the full catalogue, which will contain in addition the exhibits of the Philippines and live stock, the exhibitors will reach 150,000. The first edition can be had by addressing The Official Catalogue, World's Fair, Saint Louis.

FOR SALE—A six-plate static battery in perfect order, with electric motor. Price, $250.00. This is an unusual bargain. Apply to Mrs. J. A. Reed, No. 1 North Pearl street, Buffalo, N. Y.

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ORIGINAL COMMUNICATIONS.

Postpartum Hemorrhage.[1]

BY J. W. GROSVENOR, M. D., Buffalo, N. Y.

DEFINITION.

IT IS difficult to formulate an exact definition of postpartum hemorrhage. A definition may comprehend too much or exclude too much to be acceptable to the majority of physicians. A hemorrhage occurring immediately after the termination of labor and sufficiently large to endanger the life of the mother is regarded by all accoucheurs as pathologic and is appropriately termed a postpartum hemorrhage. A small amount of hemorrhage from the placental site, insufficient to sensibly disturb the normal circulation may be properly regarded as physiologic and cannot be appropriately placed among postpartum hemorrhages. Between these two extremes occur hemorrhages of varying quantities about which there may be an honest difference of opinion as to their proper classification. Each medical attendant claims the right to determine whether any particular case of hemorrhage may be termed postpartum.

Cases of hemorrhage which produce a marked disturbance of the circulation and a sense of weakness on the part of the patient are regarded by the writer as cases of postpartum hemorrhage. The term flooding applied to these cases is expressive and readily understood.

The scope of this paper is to deal only with those hemorrhages which proceed from the internal surface of the uterus and especially from the placental site.

1. Presidential address delivered at the annual meeting of the Buffalo Academy of Medicine, June 14, 1904.

GRAVITY.

The extreme gravity of postpartum hemorrhage is recognised by every obstetrician who has witnessed such a condition. Standing at the bedside where the long expected advent of the newcomer has brought joy to the parents and friends he hears a gurgle as of a rush of water: his hand upon the uterus detects no contraction of that organ; the mother's face is blanched and expressive of anxiety; her pulse is weak and rapidly becomes fluttering; respiration is labored and soon there is gasping for breath; the patient calls for air and says she is cold and dying; windows and doors are thrown open; fans are brought into requisition; ammonia is applied to the nostrils; there is a general excitement among the attendants; as the patient sinks lower and lower a distant sob is heard here and there in the room, the outburst of pent up feelings of relative or friend; the appeals to the medical attendant to save the patient are heart-rending; on investigation he finds the bed almost literally filled with large masses of coagulated blood.

This picture drawn from nature is truly appalling. The contrast between present grief and the joy of a few minutes ago is overwhelming to the stoutest hearts. No wonder that the physician's countenance is white with fear, his throat dry and his heart beats violently with the heavy load of responsibility which he bears. This subject is important, not only to the expert obstetrician, but also to the general practitioner. Any day or any hour any physician may be summoned to an obstetrical case in which postpartum hemorrhage will jeopardise the life of the mother. At such a time energetic promptness, a resourceful mind and a skilful hand are in instant demand.

CLASSIFICATION.

All kinds of puerperal hemorrhage after the delivery of the child may be divided into two classes—namely, primary and secondary. A hemorrhage which occurs immediately after delivery and is stopped for 24 hours by a contraction of the uterus may be termed appropriately a primary hemorrhage; puerperal hemorrhages which take place after that lapse of time may be regarded as secondary. This classification is arbitrary but perhaps is as useful as any that can be made. Postpartum hemorrhage also may be divided into internal and external, according as the blood remains within the uterine cavity or is expelled from it.

FREQUENCY.

The frequency of postpartum hemorrhage is not easily determined. This difficulty arises mainly because many births are not

reported and deaths from this kind of hemorrhage frequently are reported as due to some other cause. Hence, the unreported births and the wrongly reported deaths are not available as a basis for accuracy in determining the frequency of postpartum hemorrhage. It is generally conceded that this kind of hemorrhage is of rare occurrence in cases of confinement. According to Herman, Guy's Hospital reports present but 1 dangerous case in 2,040 labors and the report of Saint Thomas's Hospital, 1 in 2,172. Hegar reports for Prussia, 1 case in 3,131 labors. It is the opinion of Studer, of Basel, that severe hemorrhage after birth occurs in 5 per cent. of all puerperal cases. Dr. C. S. Bacon, of Chicago, taking the ratio of Studer as a basis and using 60,000 as the annual birth-rate, finds that 3,000 cases of postpartum hemorrhage occur in that city yearly. These figures seem to the writer to be greatly exaggerated.

DEATH RATE.

According to Bacon, of Chicago, heretofore quoted, the number of puerperal deaths in that city annually is 300. He estimates that of this number, 30 were the result of postpartum hemorrhage. This ratio would give 1 death in every 100 cases of postpartum hemorrhage. Some authors give 1 death in every 300 cases. Dr. Thomas More Madden declares that, after an obstetric practice of twenty years in various countries and in the largest lying-in hospital of Great Britain, he has seen only one death from hemorrhage after childbirth. Even these figures, though not large, emphasize the importance of a more rigid vigilance in prophylaxis and intelligent skill in treatment.

CAUSES.

These are many and various. A full recital of them will not be attempted in this paper. They may be classified under the following heads: uterine atony; mechanical obstruction; meddlesome midwifery; systemic derangement, and traumatism. Whatever interferes with or prevents a closure of the bleeding vessels may be a cause of postpartum hemorrhage. The interference may be so slight that the bleeding cannot be termed appropriately postpartum hemorrhage. The closure of the ruptured vessels is dependent upon contraction of the uterine musculature. Any systemic condition which wholly or in part prevents this contraction is a factor in the production of postpartum hemorrhage.

Uterine atony.—By far the most common cause which prevents uterine contraction is uterine atony. Uterine atony is a result of any one of various causes. There may exist debility of

the general system which weakens the uterine muscle; the uterus may lack proper innervation as a result of frequently recurring pregnancies; a tedious labor from any cause may exhaust the uterus to such an extent that it loses the power to contract, as seen in cases which offer any mechanical obstruction to the delivery of the child, and in cases in which the presence of an excessive amount of amniotic fluid produces infrequent and inefficient pains. Local atony may be the effect of paralysis of the placental site.

Mechanical obstruction.—A retained placenta or clots obstructing the os uteri; morbid adhesion of placenta; tumors, whether within or without the uterus, as polypi or fibroids; distension of either bladder or rectum; plural births in which there is a long interval between the deliveries,—all these conditions and others are factors in the prevention of effective uterine contraction.

Meddlesome midwifery.—After watching many weary hours at the parturient bedside the obstetrician desires as quick a release as possible from his tiresome task. The uterus is in a state of atony from a long service of hard work. It demands a rest; it is in no haste to complete the third stage of labor; it fails to contract with force sufficient to separate the placenta from its site. The impatient accoucheur, anxious to assist nature, pulls and tugs upon the cord, kneads the uterus, mayhap introduces his hand into the uterine cavity and tears the placenta from the uterine wall; he feels a sudden gush of warm fluid; to his dismay he has on his hands a genuine case of postpartum hemorrhage. He realises that he has contravened the course of nature. This is apt to be the experience of the young obstetrician who has seldom sat by the obstetrical bed, rather than of the older obstetrician who has superintended hundreds and possibly thousands of cases.

Nature should be allowed to express the placenta in all cases in which she is equal to the task. Two or three hours may elapse before the contractible powers of the uterus have regained force sufficient to throw off the placenta. For the careful obstetrician this is a time of waiting and watching. Nature rarely needs assistance in this work; if she is unequal to its accomplishment, then is the accoucheur's golden opportunity to lend her a helping hand.

Systemic derangement.—Pregnancy invites an extraordinary quantity of blood to the generative organs and this accumulation of blood predisposes to puerperal hemorrhage. While this process is necessary and physiologic it may become detrimental, an instance of a physiologic process leading towards a morbific end.

Any condition that will produce uterine congestion may contribute to uterine hemorrhage, as systemic plethora, over-heating, alcoholics, drastic purgatives. A loss of the normal contractility of the uterine bloodvessels may be a factor in the production of postpartum hemorrhage.

Prolonged and profound anesthesia suspends uterine innervation to such an extent that before the uterus has time to recover its contractile energy, blood is poured in large quantities from the open vessels of the placental site. Many obstetricians do not believe that anesthesia is a factor in increasing hemorrhage after childbirth. To be sure, they modify their opinion by the advice that the anesthesia should be moderate, should not be pushed to the depth demanded by a surgical operation. The writer's experience justifies him in delivering the opinion that if the anesthetic is pushed to the extent of doing effective service, more than a physiologic amount of blood is lost and that if the anesthesia is profound, is surgical or approaches near to the surgical condition, there is imminent danger of genuine postpartum hemorrhage.

A changed condition of the blood is a factor in the production of postpartum hemorrhage. A loss of fibrinogen from the system prevents the formation of fibrin to a physiologic extent; the clots of blood usually organised to close the uterine bloodvessels become deficient in firmness and fail to do their appointed service. This changed condition of the blood is notably observed in cases of albuminuria and malaria.

The hemorrhagic diathesis accounts for some cases of postpartum hemorrhage. The factors concerned in the causation of the hemorrhagic diathesis have not been accurately determined. That such a condition exists is clearly proven by well-attested facts. In many cases in which this condition is present ancestral history strongly points to heredity as a prominent causal factor. If a parturient presents this condition and her ancestors for several generations have suffered in the same way, we must conclude that hereditary influence is largely responsible for its origin and development. It is incontestible that postpartum hemorrhage is an outcome of this diathesis.

Traumatism.—Uterine inversion when complete and occurring immediately after delivery is apt to be followed by profuse hemorrhage. However, the hemorrhage will not be severe unless the placenta is detached. Doubtless the most common cause of puerperal uterine hemorrhage is imprudent traction on the cord. It may be the result of a rapid labor when the cord is unusually short or encircles some part of the child's body; in such a case, if the placenta is not very firmly attached to its normal site the strain upon the cord may be sufficient to draw down the fundus

and invert the uterus. The systemic shock, caused by the uterine inversion, tends to increase hemorrhage by increasing muscular relaxation and decreasing uterine innervation. The author has had under observation only one case of puerperal uterine inversion. Its probable causes were a relaxed condition of uterine muscular fiber and too energetic traction upon the cord. The hemorrhage was profuse.

Too many are the causes of puerperal uterine rupture to be mentioned in full detail in this paper. It may result from any force which abnormally enlarges the uterine cavity and thus greatly distends and weakens its walls; all organic alterations that degenerate and soften uterine tissue; a previous Cesarean operation; all obstructions that increase the difficulties of labor; instrumental interference for the delivery of the child; excessively strong uterine contractions. The hemorrhage of a ruptured uterus occurs, not only from the surfaces of the rent, but also from the vessels of the placental site. The contractions of a ruptured uterus are not uniform throughout the uterine tissue and are inefficient; hence they do not properly close the mouths of the bleeding vessels and flooding is the consequence.

Internal hemorrhage.—Postpartum hemorrhage may be internal as well as external. Internal hemorrhage may be the result of some obstruction to the uterine orifice which prevents the escape of blood, as coagula or a part or whole of the placenta.

SYMPTOMS.

The prominent symptoms of postpartum hemorrhage are a profuse discharge of blood, generally sudden, sometimes immediately after the birth of the child and again after several hours, usually not until the placenta has been dislodged from its site; relaxation of the uterus which can be detected by placing the hand upon the abdomen; the usual signs of severe hemorrhage, as pallor of the face, intense desire for air, gasping respiration, dimness or loss of vision, a rapid, feeble pulse, dilated pupils, ringing in ears, skin bathed in cold sweat, syncope. When these events occur there can be no doubt that the accoucheur has before him a case of postpartum hemorrhage.

DIAGNOSIS.

The differential diagnosis of external postpartum hemorrhage presents no special difficulties. The enumeration of symptoms made above furnishes a sufficient and certain warning to the obstetrician that he must grapple with a postpartum hemorrhage. The differential diagnosis of internal hemorrhage is sometimes quite difficult. The enlarged abdomen supposed to be caused by

an accumulation of blood in the uterine cavity, may be due to expansion of the intestines. Resonance on percussion will indicate that the resonant sound is due to the presence of gas. A distended bladder may simulate a uterus filled with blood; in such a case evacuation of the bladder will prevent a diagnostic mistake. Syncope immediately or soon after child birth may be due to a very rapid labor; in such a case the bloodvessels which have been compressed by the distended uterus are relieved of their compression and receive the blood rapidly from the head, hence faintness sometimes follows. This condition may be relieved by placing the head lower than the rest of the body. If under any circumstances doubt arises as to the existence of internal hemorrhage, a digital exploration of the uterine cavity will change the doubt into certainty.

PROGNOSIS.

Flooding after labor is an exceedingly dangerous accident; a few minutes may decide a woman's fate. The more profound the uterine inertia, the more abundant will be the hemorrhage. Internal hemorrhage places the patient in more danger than external, because it is more apt to escape detection. In both external and internal hemorrhages a speedy death is indicated by chills or convulsions, increasing dyspnea, prolonged syncope, sharp and continued pains in the loins, vertigo, loss of vision, dilated pupils. In the very large majority of cases recovery may be confidently expected. This result will be secured by the resourceful and ever-ready obstetrician.

TREATMENT.

The methods which have been employed in the treatment of postpartum hemorrhage may be classified as follows—namely, pressure, astringents, nerve stimulation, miscellaneous. Some of the methods to be mentioned may be appropriately admitted to more than one of these classes. The object of all kinds of treatment is the contraction and retraction of the uterine muscle for the purpose of closing the wide-open mouths of the uterine bloodvessels.

Pressure.—Pressure may be made from without and from within the uterus. The hand placed upon the abdomen grasps the uterine walls and compresses them in order to bring their opposite internal surfaces into close contact, when, speaking generally, they will act as ligatures to the bleeding vessels. An aseptic hand may be passed into the uterus, to remove therefrom any portions of placenta or clots which may remain therein and to make firm

pressure upon the placental site. The hand should be retained in this position until it is forced from the uterus by contractions of that organ. The latter procedure may be tiresome to the obstetrician, but it has the advantage of direct pressure at exactly the place of difficulty; it is also advantageous, because the hand is always near and ready and can be used on the spur of the moment. Pressure may also be made by forcing the uterus into an anteflexed position. To accomplish this, place one hand on the abdomen behind the uterus and press it forward; at the same time with two fingers of the other hand in the posterior cul-de-sac press the cervix forward. This maneuvre will bring together the inner surfaces of the uterine walls and compress the bleeding vessels.

Another method of pressure is compression of the abdominal aorta, said to have been first advocated by Rüdiger, a practitioner of Tübingen, in 1797. He introduced his hand into the uterus and compressed the aorta through the uterine wall. In 1825, Ulsamer introduced the method of pressure upon the aorta through the abdominal wall. According to the latter method the obstetrician stands on the right side of the patient and depresses the abdominal wall just above the uterus and a little to the left of the median line; the aortic pulsations are felt and continued pressure with two or three fingers at that point will control the hemorrhage. Notwithstanding the fact that the arterial supply from the ovarian arteries cannot be cut off in this way, it has proved to be a very rapid and effective method of controlling uterine hemorrhage; it stimulates the aortic uterine plexus and, even if it affords only temporary relief, time is given for instituting a more permanent method and saves to the patient a large quantity of needed blood. Compression of the aorta is specially indicated in organic disease of the uterus, such as a fibroid tumor. A rubber bag carried into the uterus and filled with either hot or cold water or air will act as an efficient compressor of the uterine bloodvessels. With many obstetricians iodoform gauze packed into the uterine cavity and allowed to remain 24 or 48 hours is a favorite remedy.

Astringents.—Salts of iron by injection, swabbing and tamponing have been largely used for the relief of postpartum hemorrhage. In each case before using iron the uterus should be freed from any retained pieces of placenta or clots and hot water injected for thorough washing. Robert Barnes, in 1857, was the originator of its use by injection, or at least was its earnest advocate. At the beginning of this practice he used a combination of ¼ perchloride of iron and ¾ water, but later 1 part iron to 10 or 12 parts water. Iron coagulates the blood in the mouths

of the vessels, acts as an astringent to the inner surface of the uterus and promotes uterine contraction. By injection iron is regarded by some obstetricians as a hazardous remedy on account of producing metroperitonitis. The clots formed by the iron may become septic and septicemia has followed. Doubtless the safest method of using iron on the internal surface of the uterus is by a piece of sponge or swab of cotton. Other astringents, as alum, witch hazel, and tannin have been used for the relief of postpartum hemorrhage, but none has had such wide advocacy as some preparation of the ferric salts.

Nerve stimulation.—The object of nerve stimulation is to produce contraction of uterine tissue. This is accomplished by means external and internal, as follows: external massage over the uterus; hot water or hot salt solution at a temperature of 110 to 120° F., injected into the uterine cavity through a double current catheter; flapping the abdominal wall with a wet towel; cold water poured upon the abdomen from a height, said to be objectionable because it increases shock, which already exists, but many of the methods used for checking postpartum hemorrhage are promotive of shock; application of ice to the abdomen; introduction of pieces of ice and injection of cold water into vagina and uterus; vinegar by injection into uterine cavity, first advised by Leroux, in 1776, and highly recommended by Penrose in desperate cases; hypodermic injection of ergot, its absorption being too slow when taken by the mouth; the Faradic current, which is quite effective, but generally not available; hypodermic injections of sulphuric ether are said to have been used with remarkable success in some cases of collapse.

Miscellaneous.—Transfusion in nearly all cases is impracticable. However, cases are reported in which life was saved after an unsuccessful trial of several other methods. Autoinfusion by bandaging the extremities may accomplish the same object as transfusion; pulmonary embolism has occurred from its use. Injections of salt solution, both intracellular and intravenous are of extreme utility; they may be dangerous from too great a quantity of the infused fluid; the blood may thus lose largely its power of coagulation. Small infusions frequently given are preferable to one excessively large infusion. Helpful adjuncts to all kinds of treatment are lowering the patient's head and raising the foot of the bed.

Antiseptic precautions are demanded in all internal manipulations and procedures. It is all-important to secure not only contraction but retraction. Occasionally, even a severe case when left to nature recovers. Such recoveries, however, are so infre-

quent that they should not be cited as an argument in favor of a do-nothing policy.

After-treatment.—This may be as important as the more active treatment used before the suppression of the hemorrhage. The uterus should be maintained in a state of retraction by the hand or a compress and firm binder. The patient should not move nor make muscular exertion, should be kept free from mental emotion. Stimulants may be used for exhaustion. The patient should be watched for hours to see if hemorrhage returns.

Of the many remedies mentioned in this paper it is appropriate to inquire which are the safest and most effective. Doubtless success has been secured by each of them. Each obstetric practitioner has his favorite remedy. If, in a particular case, he is unable to accomplish his purpose by his own special method he can easily select another or several others. All cases of postpartum hemorrhage which appear to be alike or very similar cannot be controlled by the same means. Perhaps the most popular method at the present time is the intrauterine injection of hot water.

The two favorite remedies of the author are the pouring of cold water from a height upon the abdominal wall and the passing of the closed hand, made as aseptic as practicable, into the uterine cavity and using it as a compress. Cold water in a pitcher is quickly obtainable and rapidly usable. Although it floods the patient and the bed, an outside flooding with water is safer than an inside flooding with blood. The obstetric hand is always ready and can be effectively used at a moment's warning. In the author's experience both of these methods have been employed with gratifying success.

SECONDARY HEMORRHAGE.

The term secondary may be applied appropriately to a profuse bleeding which occurs a few hours, a few days or even a few weeks after the primary hemorrhage has ceased. This is a very uncommon accident. Collins, in the Dublin Hospital, found 40 such cases out of 16,654 cases of labor observed by him.

The causes of secondary postpartum hemorrhage are generally a portion of placenta, a clot or fragment of membrane remaining in the uterus. Contamin attributes the cause in 6 cases out of 56 to a coagulum. Other exceedingly rare cases are caused by a placenta succenturiata, a uterine polypus or fibroid, mental emotion, hardened feces, alteration of the blood and various other occurrences. The presence of foreign bodies in the uterus demands their immediate removal, such treatment to be followed

by those measures which are appropriate for the relief of postpartum hemorrhage of a primary character.

PROPHYLAXIS.

As preventive medicine is more important than curative medicine, so the prophylaxis of postpartum hemorrhage demands more earnest attention than its treatment. Is it not true that too slight consideration has been given to the puerperal woman both before and during labor? In many cases of postpartum hemorrhage the flooding would not have occurred if proper prophylactic measures had been taken. This statement emphasises the importance of medical superintendence of the pregnant woman from the incipiency of her pregnancy to its close. The physician should familiarise himself thoroughly with the causes of postpartum hemorrhage and should study every pregnant case brought to his attention through both his practical and theoretical knowledge. The physical system should be maintained in a condition as near the normal as possible. All organs should be watched and their disturbances corrected.

Anemia should have special attention whether it arises from albuminuria or any other cause. Any derangement of the blood which disturbs the proper proportion of its constituents, as a subnormal amount of fibrin which will prevent the usual coagulability, should receive vigilant and corrective care. A course of treatment by iron may be specially useful. Calcium, being an essential constituent of fibrin, should have a thoroughly remedial trial in such cases. If inquiry concerning the patient's own or her ancestral history leads to the suspicion of a hemorrhagic diathesis, prophylactic measures should be carried out with thoroughness. In such cases the use of an anesthetic is of very doubtful propriety and, in most cases, should be forbidden. If, during labor, postpartum hemorrhage is a foreseen probability an early evacuation of the amniotic fluid may be advisable, which is specially applicable in cases of hydramnios; ergot should be given and there should be a slow delivery of the fetus.

The points in this paper to which the writer wishes to call special attention may be summarised as follows:

1. The gravity of the subject.
2. Uterine atony the most frequent cause of postpartum hemorrhage.
3. Meddlesome midwifery a prolific cause of postpartum hemorrhage.
4. Profound anesthesia a causal factor of postpartum hemorrhage.

5. The need of watchfulness and alertness on the part of the accoucheur.

6. The treatment demands that the accoucheur be prompt and resourceful.

7. The necessity of not only contraction, but of retraction of the uterus.

8. Although cases left to nature have recovered a do-nothing policy is strongly condemned.

9. The usefulness of prophylactic treatment, especially in cases which indicate the existence of a hemorrhagic diathesis.

10. Heredity a causal factor of the hemorrhagic diathesis.

11. The advantages of medical superintendence of pregnancy from its incipiency to its close.

12. The importance of after-treatment.

Fellows of the Buffalo Academy of Medicine: In terminating my duties as your presiding officer permit me to tender to you my grateful acknowledgments for your confidence expressed by electing me, one year ago, to the official position which I am about to surrender to my successor. I did not aspire to the position and did not suspect that your esteem would select me for your official leader. The place was accepted with much reluctance. Having accepted it, I resolved to make at least a creditable record. My high resolution was entirely dissipated by a physical disability to which I was subjected a few months following my election and which continues to hold me with a tyrannical grip. Kindly accept my sincere apology that my labors in behalf of the academy have been comparatively fruitless of expected results.

A review of the year's work shows that 19 members have been added to our numbers; 13 members have been dropped from the membership roll; hence the year is closed with a membership of 206. Although numerically our organisation maintains a fairly flourishing condition it has not yet received into its fold more than a moiety of the host of physicians resident in our rapidly growing city. The soundness of our treasury presents a solid reason for hearty congratulations.

The scientific and literary productions presented to the academy during the year may not have met the large expectations of some of our members, but many of them have shown careful observation, extensive thought and excellent literary talent. The pathological section deserves special mention on account of its departure from its usual method of conducting its meetings which have been held in different laboratories where scientific truth has

been demonstrated by microscopic slides, statistical charts and bacteriologic specimens.

In relation to the general attendance upon the meetings of the sections and the interest taken in the subjects under consideration, it is evident that the papers read should be the result of careful study and thorough investigation and should be presented in an attractive form. Our efforts should be directed towards attracting rather than compelling interest in all the literary and scientific activities of the academy. It is not exaggeration to assert that from the members of this academy often emanate discussions as thoroughly profitable and papers as profoundly scientific as are heard at the meetings of state and national societies.

It has been my fortune to hear various criticisms of the conduct and status of our academy not only during the official year now closing, but also in years past. Some one criticises us for spending too much time in discussing questions that are not strictly scientific, and too much money in forwarding movements that should be directed and maintained by other medical organisations. It is my opinion that too great vigilance cannot be exercised along this line. The academy was organised for the promotion of medical science and art. Questions relating to the investigation of the conduct of public and private institutions and to the enactment and enforcement of laws, should be relegated to the action of the county society which has a broader field and is more polemic in its character.

The criticism is made that the sections do not elect to official position their most competent members. I have heard this criticism from those members who seldom are seen at the meetings of the sections and apparently take but little interest in their success. No doubt the sections are the bulwark, the stronghold of the academy's work and should secure the energetic support of all our members and the leadership of our foremost ability.

Occasionally a member is heard to say, "The academy is of no account to me. I derive no advantage from it." Generally such members attend only one or two meetings each year and do not place themselves in a position to derive advantages which legitimately belong to their membership. Those academicians who are regularly present at the meetings testify that each year brings to them large profit in social relations, official emoluments and scientific attainments.

Not infrequently the opinion has been expressed that the academy holds too many meetings. It may be that the mental, like the physical appetite, becomes clogged by a too frequent administration of literary and scientific pabulum. It is suggested that this subject be taken into full consideration by the incoming

council. Other criticisms of a minor or major magnitude have been heard, but the conditions to which they refer can be removed by intelligent planning and unanimity of action. It is evident that the academy has not reached its highest privileges and possibilities. It lacks that personal interest, that *esprit de corps* which kindles enthusiasm and develops self-sacrifice.

In forecasting the academy's future it should be remembered that its success is dependent upon the medical profession of this city. Our physicians can make it or mar it. A strong and common interest in its welfare will lift it to a much higher plane than it occupies at present. A carping, hypercritical spirit united to persistently divided action will reduce it to a level on which none of us will prefer to stand. Every well-regulated physician in Buffalo should regard the academy as his medical home and should exercise towards it the anxious thought and tender regard closely akin to the feeling which he indulges for his domestic fireside. He should look to it as a spring from which flows social happiness, as a light which may illuminate many dark problems demanding solution in his daily round of professional duty, as an inspiring mentor that will point him to lofty ideals and allure him into paths leading to their attainment.

A pressing need of this institution is a permanent home, a dwelling place that we can call our own. It is a fortunate circumstance that already a permanent fund has been set apart for supplying this positively felt want. Although this fund is small it is steadily growing and is, no doubt, a nucleus to which will be added larger or smaller sums till ere long it will become a fund sufficiently large for the construction of a solid structure, commodious enough to concentrate within its walls all the medical society interests of our city. For the near consummation of this project it is unfortunate that Buffalo's medical fraternity contains so few medical men and women of large wealth. Indeed, it is probable that not a single physician of our city is a millionaire. However, it is possible that many of us by persistent attention and wise diplomacy may open the purse-strings of some large-hearted millionaire who belongs to some other profession or calling.

Buffalo is the western metropolis of the Empire State. Many of its physicians are in the front rank of the medical profession of this country,—indeed, of the world. Our academy should enjoy the like reputation among medical societies. It should be recognised as holding a large place by its scientific productions and its continual progress towards high attainments along all medical lines. It should be the unwavering and untiring effort of our membership to win the affections and coöperation of that

portion of our city's medical profession now outside of our ranks. We should constantly keep in view the privilege and duty which are ours to maintain a medical society which will supply the needs of a city which is destined to become one of the very largest in the western hemisphere.

If we are true to the possibilities of the Buffalo Academy of Medicine we may look into its future with the confident expectation that it will be one of the towering medical societies of our country. To this end, fellow academicians, I invoke your broadest intelligence and strongest efforts.

118 Plymouth Ave.

Adulteration of Food and Food Products.[1]

By JOHN H. GRANT, M. D., Buffalo, N. Y.,
Assistant Commissioner of Agriculture, State of New York.

THE title of this paper is in itself a large subject and one that it would be impossible to dwell upon except in a general way during the limited time at my disposal. The law governing the manufacture, keeping for sale and selling food and its products is in its infancy in New York State. About a year ago an amendment to the agricultural law was passed placing the enforcement against food adulterations, false labeling, branding and the like, in the hands of the department of agriculture, the term food including all articles of food, confectionery and condiments, whether simple or compound, used for human consumption.

Confectionery is to be deemed adulterated if it contains terra alba, barytes, talc, chrome yellow or other mineral substances or poisonous flavors or colors, or other ingredients deleterious or detrimental to health. The law also declares food to be adulterated: first, if any substance or substances have been mixed or packed with it so as to lower or injuriously affect its quality or strength; second, if any substance or substances has or have been substituted wholly or in part for the article; third, if any valuable constituent of the article has been wholly or in part abstracted; fourth, if it contain any added poisonous ingredient or any ingredient which may render such article injurious to the health of the person consuming it; fifth, if it consists in whole or in part of a filthy, decomposed, or putrid animal or vegetable substance, or if it is the product of a diseased animal or one that has died otherwise than by slaughter; and provided, that an article of food

1. Read at the eighty-third semiannual meeting of the Medical Society of the County of Erie, June 28, 1904.

which does not contain any added poisonous or deleterious ingredients, shall not be deemed to be adulterated or misbranded in the following instances—namely, articles labeled, branded or tagged so as to plainly indicate that they are mixtures, compounds, combinations, imitations or blends and that the labels, brands or tags show the character and constituents thereof.

It will be seen that the principal object of this law is to prevent deception; it does not prevent sophisticated articles from being sold as compounds so long as the label shows the character and constituents thereof—and provided always that it contains no added poisonous ingredient. This latter proviso is important as will be seen further on. All the states and territories of the Union, even Alaska, have some laws looking towards the prohibition, detection of and penalties against the manufacture and sale of imitation and adulterated foods. Of course, the officers charged with the enforcement of the New York State law would prefer more specific provisions,—for example, a fixed standard for each article, making the detection of food frauds merely a matter of simple chemistry, that is, of analysis and comparison. It is very easy to show that an adulterated cider vinegar, for instance, contains less than 4½ per cent. of acetic acid; but, it is not so easy to prove in court that a substance has been mixed with the vinegar so as to reduce or lower, or injuriously affect its quality or strength, or that it contains ingredients injurious to the health of the person consuming it. This lack of a fixed standard, in my judgment, is the weak point in our law, as both sides would bring into court expert testimony, confusing the jury and resulting in many instances in no cause of action or acquittal of the defendant.

There is now a cider vinegar case before the court of appeals in which the manufacturer admitted adding to every eight barrels of vinegar, one barrel of hydrant water, on the plea that the original stock was too strong in acidity and the added water lowered it in strength to comply with the state law. This argument swayed the lower court and the case was dismissed. But how falacious this argument! The addition of boiled cider or cider itself would have inhibited the production of acid beyond the desired strength, but this would not answer the purposes of the manufacturer. The profit would not be so great.

In October last we began here in Buffalo to enforce the provisions of the pure food law on manufacturers and wholesalers, and later on a few retailers. We commenced first on honey and maple syrup; about fifteen different brands or samples of so-called pure honey were analysed, of which ten were found adulterated, being made up principally of from 12½ to 90 per cent.

of glucose. In some samples no honey was found except that contained in a small piece of honey comb immersed in the syrup; in one case the honey comb was found to be artificial.

Of maple syrup, a number of samples were taken of different brands; five of them were adulterated, some containing no maple syrup at all, the flavor being given by some extract of bark, and all were made up largely of cane sugar. This is one of the most difficult substitutions to detect, as the polarisation of both sugars is the same; but, thanks to the investigations of Dr. Herbert M. Hill and his assistant, Dr. Willet H. Mosher, of this city, as well as chemists connected with the department of agriculture in Pennsylvania, certain reactions take place in true maple sap not found in mixtures or compounds simulating the same.

We next turned our attention to unfermented grape juices and out of some four different brands, two of them claiming on the label to have no antiseptic therein, were found to contain added preservatives,—salicylic acid and benzoic acid,—enough in a bottle, especially of the former, to irritate a sensitive stomach,—a condition for which these juices are often prescribed, and the presence of the preservative defeating the object of the prescriber. The manufacturers of these preserved grape juices were only too anxious to settle the cases without publicity, and promptly paid the penalties incurred,—$50.00 for each bottle.

Our next samples were of so-called jams, a number of which were found to be sophistications; such as grass seeds worked up in glucose for raspberry jam, colored with coal-tar dye, and preserved with comparatively large quantities of salicylic acid. Our attention was then directed to fresh sausage meats and ground beef or hamburger steak. A considerable number of samples was taken, and all but one were found to contain sulphites, lime or sodium, put in, we were told, to give the meat a rich red color and to keep it for a week or more without ice.

During our tours of inspection we ran across a filthy looking cellar in Scott street, Buffalo, in which a party was found manufacturing tomato catsup. The windows of the cellar were covered with soot and cobwebs; in the center was a large iron caldron, from its appearance apparently never cleaned, in which was stewing a mess. Upon investigation it was found that the material stewing in the caldron was made up of rotten apples bought at the various markets for a trifling sum. The seeds and cores were removed by straining, and a piece of common glue, of which there was a hogsheadful in the cellar, was then dissolved in the mess, to give it consistence, red aniline coal-tar dye being added to give a beautiful scarlet color. The stuff was then bottled and labeled with fancy colored labels on which was depicted a large

ripe tomato, and the material was ready for sale as pure tomato catsup. This place has been abandoned, the party not waiting for prosecution, but silently stealing away to some other locality probably, where he may perhaps avoid the inquisitive eyes of the inspectors.

Another matter, interesting to druggists, is the keeping for sale or selling so-called butter color, put up by a prominent firm in Vermont. Several samples were taken from druggists in Buffalo which, upon being analysed, were found to be made up of cottonseed oil in which a coal-tar color of the azo group was dissolved. This is a dangerous preparation, although ordinarily the small quantity used in the butter does probably little immediate harm; but ignorant persons, handling it in dairies or creameries, who have no knowledge of drugs, may be and are often careless, several instances being on record where persons have died from its effects in producing acute gastritis. One case is recorded recently of eating the butter by a woman who was made deathly sick; and a case occurred here in Buffalo, where a boy in the night got hold of a bottle, drank considerably less than an ounce, and the next morning was found dead. There are many harmless vegetable colors, such as anatto, turmeric, litmus and cochineal on the market that are safe, and there is no excuse except profit for this Vermont preparation to be used as it is.

The question of preservatives and coloring agents in foods is now one of the most important we have to deal with. Antiseptics for our purposes may be divided into two classes: first, those admittedly harmless, such as common salt, saltpetre, sugar, spices, and the like. These have been used since time immemorial and their use has been recognised as legitimate. The second class embraces the so-called chemical preservatives, of which may be mentioned salicylic and benzoic acids and their salts, boric acid and borax, formaldehyde, saccharin, sucrol, sulphurous acid and its salts, abrastol, betanaphthol, some of the fluorine compounds and others. The application of these preservatives to food products is of comparative recent date. We all remember the embalmed beef scandal in our army during the Spanish-American war. In the opinion of the writer their use is a menace to public health and longevity. These chemical preservatives, it might be well to state, are used for one of the following purposes: first, to prevent fermentative or putrefactive processes in the article of food after it is placed on the market; second, for the purpose of arresting decay in raw materials before manufacture; and, third, for the purpose of disinfecting tainted raw substances in order that the unsanitary

material may be sold in the place of sound, wholesome foodstuffs.

To explain the present almost universal use of preservative and coloring agents in foods and food products it is only necessary to say that competition among manufacturers and retail dealers with each other is greatly responsible. Although the application of the principles of chemistry to the various industries, and to soils and fertilizers, have aided wonderfully in the development of food-raising industries, the same art has also developed means of sophistication to replace and compete with these industries; especially has the manufacturer availed himself liberally of the synthetic productions of chemistry as in the use of preservatives, coloring matter and flavors. It is to be remembered that the processes of digestion in the human system are essentially fermentative, brought about by means of a series of enzymes, and any agent that will prevent fermentation in a food product will also render it indigestible, inhibiting the digestive process in the stomach and intestinal tract, until removed or absorbed by the system. Nearly everyone of our modern food products may be found in the market carrying one or more chemical preservatives.

All this becomes a matter of grave concern. Think, for a moment, what a mixture or combination of chemicals a person is apt to put into his or her stomach during an ordinary meal! Soup and meat contain, perhaps, sulphurous acid; milk and cream may have formaldehyde. A physician in this city tells me that he always tests his cream by giving some to the family cat; if the cat sniffs at it and walks away he feels sure it contains formaldehyde. Apple butter, or honey, is made in great part of colored glucose; pudding is flavored with lemon extract made of oil of lemon grass with yellow aniline or a vanilla extract made with Tonka bean or coumarin; butter is colored with an azo dye; coffee to cover up damage or inferiority has been glazed with dextrine and starch and beer or wine contains salicylic or benzoic acid. Well might it be said, what shall it avail a man to gain a full dinner pail if he cannot digest the contents?

What has been said of preservatives also holds good of coloring agents. Many of the latter are also preservatives. Generally their use in foods is to simulate the color of the particular article sought to be imitated, or to cover up by means of the bright colors imparted, out and out adulterations, substitutions or damaged or inferior goods.

As an evidence of the realisation of this danger of chemical preservatives and coloring matter a jury in the supreme court in

Buffalo only a few weeks ago rendered a verdict of $75.00 fine against a milk dealer who had put formaldehyde in his cream, and $50.00 against a grocer who was selling glucose for that wonderful transformation, the nectar of flowers,—the product of the honey bee. These facts are encouraging indeed.

Another matter of special interest to physicians is the recent enactment of our legislature forbidding the unauthorised use of a certified label of milk. Its enactment was demanded as it was found that unscrupulous dealers were taking milk of any kind, marking it "certified" and by so doing imposing on the consumer, as well as the producer. It will hereafter be unlawful to certify to milk except under the authority of a competent person. Some may not understand what is meant by the term certified milk; it is milk produced on the principle that the natural fluid just as it comes from the healthy cow is in the best possible condition for human food if only we can keep it uncontaminated by the entrance of extraneous impurities, and having as a bacteriological standard not more than 30,000 bacteria to the cubic centimeter. This standard is reached by perfect sanitary conditions, cleanliness of stables, cows and milkers.

In closing this subject, I would not wish you to think me pessimistic, for I am optimistic as to the future benefits to be derived in the continued enforcement of the pure food law. Like all new laws it is not perfect; its practical workings will discover its weak spots; the courts will construe, but these constructions will, no doubt, reasoning from past experiences in the execution of our dairy laws, meet the requirements of the people and at the same time will not be unreasonable or harsh on the producer or dealer.

715 Mutual Life Building.

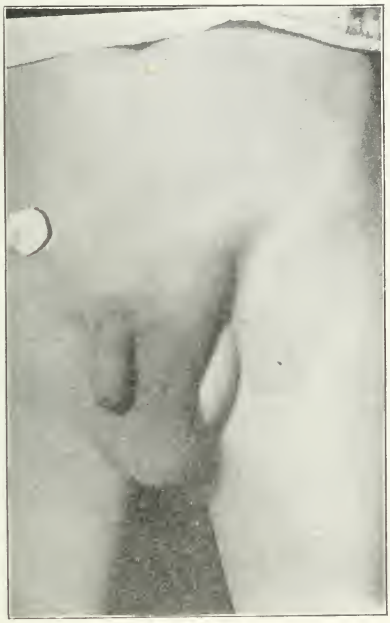
An Analysis of Fifty Herniotomies.

By MARSHALL CLINTON, M. D., Buffalo, N. Y.,

Attending Surgeon, Sisters of Charity, and Erie County Hospitals, Buffalo, N. Y.; Instructor in Surgery in the University of Buffalo.

DURING the past few years it has been the author's privilege to operate over fifty hernias of all classes. In this group of cases are several points of interest. The first of the series was a strangulated inguinal hernia, which recurred with great promptitude. In the occasional cases operated during the next three years there are four recurrences; but for the last five years in a careful attempt to closely follow up all cases, I do not find a single recurrence.

A large proportion of the cases in this series were emergency operations due to incarceration or strangulation and the majority were in men over 50. There are in the list five strangulated femoral hernias in women all of whom were over 50 years of age. All recovered and there are no recurrences. The gut was wounded in one case where the tight ring was cut with a sharp



CLINTON: GLUTEAL LIPOMA AND INGUINAL HERNIA.

bistoury used in place of a herniotome, but this accident was repaired and was followed by no bad results.

One fatal case was that of a man 68 years old, in which the entire omentum was incarcerated and inflamed. After resection the patient developed a hyperpyrexia and died in forty-eight hours. Ecchymosis into the scrotum was seen at times but was never troublesome. One internal ring was sewn up too tightly and caused pain by pressure on the cord. One patient was a cryptorchid and the testicle was removed during the operation.

The earliest of my patients were sewn up with silk after the method of Halstead, then in vogue. When infection appeared in the wound the effect of those buried septic silk sutures was such that they ceased to be used. With the betterment of general surgical technic and improvement in the technic of herniotomy, no cases of sepsis were seen and all cases were found healed at the first dressing.

There is some difference of opinion in regard to the proper method of applying sutures and the material to be used in bringing the internal oblique and transversalis to the shelving portion of Poupart's ligament. The whole key to successful operation, as Bassini suggests it, is in getting these layers properly separated and properly approximated without too great tension; otherwise gaping and recurrence is likely to follow.

Where the rings are very large, I have used kangaroo tendon with a double needle, sewing from above downwards; but where the edges approximate with ease I have had no hesitancy in bringing them together with properly prepared catgut, which will absorb in three weeks.

Teasing out the internal oblique and transversalis will aid in bringing together without tension the tissues mentioned. When this is done any absorbable, nonirritating suture that will hold the tissues in place until nature has given a firm scar will be found satisfactory. Occasionally, where the conjoined tendon runs in so far from Poupart's ligament that there is great tension on the structures when drawn together with sutures, it is better to tease out the structures to approximate than to rely wholly on some unyielding suture material. The tissues should lie without tension after the sutures are placed, in every case. When this is done there is no reason for not getting a good result and no need of a nonabsorbable suture material. The modern method of operating herniotomies in uncomplicated cases has no mortality, is free from danger, confines a patient three weeks, and sends him out with a permanent cure.

Among the peculiar cases is one shown in the illustration, a case of inguinal hernia with lipoma starting in the gluteal fold and pushing its way forward until it presented, as shown in the picture. The patient was discharged cured in three weeks.

466 Franklin Street.

EXCORIATED NIPPLES.

R	Orthoform	5.0 (75 grs.)
	Ether, q. s. ad sol.	
	Ol. amygd. dulc.	20.0 (5 dr.)

Sig.—Apply locally.

CLINICAL LECTURE.

The Radical Cure of Inguinal Hernia.[1]

By MAYO COLLIER, M. S., F. R. C. S.

[From *The Polyclinic* (London), August, 1904.]

GENTLEMEN—I have brought for your inspection today amongst other cases, one quite simple of diagnosis, but about which there is much to say and many points to discuss.

The patient as you see, is apparently a strong, healthy fellow, who comes to the hospital with the most absolute belief and faith that I can perform some simple operation on what he says is a rupture in the left groin, so that he will never have to wear a truss again, and never be troubled with a return of his complaint. In short, he wants me to perform the radical cure in the belief that the radical cure will do for him all that he thinks.

This is the general belief among the lay public on the subject of the operation for the relief of rupture. I need hardly tell you that this view is incorrect; and the approximate truth on the subject of the radical cure for hernia I shall endeavor to put before you today.

Now, the first question you must be prepared to answer is this: Why an operation at all? Why not a comfortable and well-fitting truss? This question must be answered from several points of view, and, firstly, there are seven classes of cases where a truss cannot be relied upon, and an operation is most certainly indicated, namely: (1) cases of irreducible hernia; (2) cases of strangulated hernia; (3) cases where the hernia is not controlled by a truss; (4) cases of hernia with ectopic testis; (5) cases where rupture unfits for the public service; (6) hernias in incompetent and ignorant people; (7) very large hernias hampering the movements and seriously threatening the personal comfort of the patients.

In all these cases it would be your duty to prefer an operation rather than outside mechanical supports. In other cases it is quite certain that hundreds and thousands of persons pass through their lives with comfort and safety with the assistance of a well-fitting truss, but I most certainly would not refuse to perform the radical cure for a person who was anxious to be relieved of his truss, and who, from a sentimental point of view, objected to the mechanical support.

Now, before you could honestly take upon yourself the responsibility of advising and operating on a patient for the cure of hernia, you must satisfy yourself, and in some cases your

1. Delivered at the Medical Graduates' College.

patient, as to the following facts, and you must be prepared with more or less exact knowledge on the subject:

(1) Can you assure him that the operation is a safe operation so far as his life is concerned, as well as free from risk of damage to his testicles?

(2) Does the term "radical cure" mean radical cure in the sense of permanency of cure? Is the operation a real cure or only a temporary palliative?

(3) Should very young people be operated upon? If not, within what age-limits should the operation be performed?

(4) Should a truss be worn after the operation? If so, for how long, and, if not, should any support or precaution be taken to prevent return?

(5) You must satisfy yourself as to the best material for suture, and, lastly, but assuredly not least, the best form of operation to perform.

You see from this list of questions that you must answer either to the patient or yourself, that the procedure is not quite so simple as the public believe, and not quite so lightly to be undertaken as some would have us teach.

And, first of all, as to the safety of the operation. I think we may most certainly answer this question in the affirmative and say "the operation is perfectly safe, provided it is done by a skilled and competent operator with experience."

Out of 104 cases in one practice there were only two deaths, both from zymotic diseases, and, in America, Dr. Coley, out of 160 operations, lost one case, from pneumonia.

These are just a few examples illustrating the freedom from trouble after this operation.

Next, is the testis in any danger from the operation? It most certainly is in the hands of the unskilled surgeon who endeavors to pull and drag and rend the layers of fascia covering the hernial sac, instead of cutting straight down to the sac and gently peeling it from its nearest covering.

Atrophy of the testis, and inflammation with abscess and sloughing, have followed this operation in careless hands.

Next we come to the question, How far does the operation bring about a complete or radical cure? Also, how far is this cure a permanent one? Please always safeguard your own reputation, and that of surgery in general, by telling your patients that many of the best and most promising cases lapse—that the hernia returns and requires a second operation or a truss. Tell your patient that only in some cases does the patient never require further assistance or treatment, but also tell your patient "that an operation will most certainly improve matters, that after an

operation a patient is better off than he was before, and that most certainly it gives immunity to a certain number for a certain time."

As a matter of fact, it is fair to say that in 25 per cent. of cases operated on the hernia returns and requires a second operation or the assistance of a truss before eight years.

The next question you have to settle is, What is the earliest age that an operation should be undertaken?

It is a matter of common knowledge that quite a number of male children below one year have inguinal hernia, and that quite a large percentage of these get well with the use of properly-fitting trusses.

On these grounds a truss should in most cases be recommended in preference to an operation up to, we will say, the fourth year, and in some cases longer. Of course, complicated cases where there are no contraindications should be submitted to operation as early as two years.

The next point that will engage your attention is the desirability or otherwise of using a truss subsequent to operation.

This recommendation will depend not only on the state of the patient before operation, but on his condition and duties after the operation. Speaking generally, favorable cases with small sacs, sound tissues, and well-formed abdominal walls, if allowed to rest for at least two or three months after operation, will not require a truss. *Per contra*, large sacs, weak abdominal walls, pendulous abdomens with much fat are better supported with a broad, flat truss. The same applies to all cases where, after operation, the patient has to perform heavy and arduous work, or suffers from chronic bronchitis, asthma, or chronic engorgement of the portal system.

Again, patients going abroad, where skilled surgical assistance is not available, are better to be provided with the safeguard of a light, broad, well-fitting truss, to be worn on all occasions when in the erect position.

A point of considerable importance in the after-care of patients who have undergone the radical cure has been completely overlooked, so far as I know, by all writers on this subject. It is this —the method and position and preparation for the act of defecation. "Straining at stool"—how often have we who have been house surgeons or those in large practices heard this suggested by the patient afflicted with rupture as the direct cause of the accident. The act of defecation as nature intended us to perform the same is in the natural position with the extremities and trunk all flexed to an acute angle—the thighs flexed on the abdomen so that the knees shall be in contact with the chest, the back of the

leg touching the ham and the arms folded round the knees. No pressure that was ever exerted in this attitude could affect the inguinal or femoral openings. They are completely shut off and supported.

The modern artistic W. C. imposes the necessity of sitting with the body erect and the thighs at a right angle to the trunk. In this attitude the inguinal and femoral openings stand the whole pressure of the abdominal contents in straining during defecation.

Therefore, after, if not before the operation for radical cure, direct your patient to return, so far as the act of defecation is concerned, to the primitive style and method. There is no doubt that the civilised position of the act of defecation is responsible for a large percentage of ruptures. I most certainly should advise all persons who have a tendency to hernia or weak abdominal walls to stand upon the seat of the W. C., not sit upon it—this is a point of the utmost importance in the prevention and cure of hernia.

The next question is—What is the best material for suture and ligature, and more especially for the ligature of the neck of the sac? Every surgeon of any experience must have been disappointed to find some five or six weeks after the operation that his patient presents himself with a small discharging sinus in the site of the ligature surrounding the neck of the sac; this is the recorded experience of some of the best surgeons of the day when prepared silk has been used.

Many substances have been recommended—catgut, kangaroo tail, silkworm's gut, silver wire and Chinese plaited silk, such as is used for fishing lines. The ideal ligature of course is one that is perfectly reliable, strong, easily rendered aseptic, and will be innocuous and nonirritating to the tissues.

Each of the above in turn has been tried and each has its advocates, but for general use, ease of application, freedom from becoming undone, and reliability, plaited Chinese silk seems to be the favorite. American surgeons speak most highly of kangaroo tail, others use silver wire, and many Colonial surgeons prefer catgut. The feeling of security that Chinese silk affords at the time of operation, as well as the experience of its use in other parts of the body, more especially in the suture of tendons, has lent some considerable support to its use in this operation, but still this ligature is constantly the cause of suppuration weeks and months after the operation, delaying convalescence and bringing discredit on the operation and the surgeon who performs it. The cause of this is not apparent.

The same ligature placed on a tendon or round the femoral

artery would not suppurate. It may be due to the fact that the site of ligature is in relation to the larger bowel whence foul gases may exhale and pass into the tissue, thus rendering this lifeless ligature septic, whereas a living structure would resist the infection. To sum up, this accident is liable to occur, and for the operation a perfect ligature has yet to be found.

Speaking of the other ligatures. Kangaroo tail is difficult to obtain. Catgut is liable to soften too easily and be absorbed too soon, and wire cuts through and is liable to prove painful and irritating.

The last and most important point to settle is the choice of operation. You will either admire the ingenuity of man, or deplore the unsettled state of surgical opinion, when I tell you that there are at least ten well-recognised surgical procedures for the relief of rupture in the inguinal region.

You will pardon the liberty I am taking when I say that no man who is not perfectly at home with, and acquainted with, the anatomy of this region in every detail should undertake this operation.

With your permission I will just remind you of a few salient points in the anatomy of this region. And first of all this rupture is situated in the inguinal canal. Now, what is the inguinal canal?

It is an oblique passage, some two and a half inches in length, through the layers of the lower mesial part of the abdominal wall. Commencing in the deeper layers of the wall, at the so-called deep abdominal ring, it passes downwards and inwards towards the middle line, near to which it has its superficial opening, the superficial abdominal ring. The deep abdominal ring is situated midway between the anterior superior spinous process of the ilium and the spine of the pubes, and one inch above Poupart's ligament. It is oval in shape and measures about three-quarters of an inch from above downwards and half-an-inch from side to side. Now, what is this ring in its essence? It is formed by the margin of junction of the infundibuliform fascia with the transversalis fascia exactly in the same way as where the finger of a glove joins the body of the glove. It is covered over on its deep aspect by peritoneum with subperitoneal fat and gives passage to the spermatic cord with its arteries, veins, and nerves, these being, of course, outside the peritoneum.

The superficial and mesial limit of the inguinal canal is the superficial abdominal ring. This is situated immediately above the spine of the pubes. It is triangular in shape with its base below and its apex pointing upwards and outwards. It is about one and a quarter inches from base to apex and less than an inch across

its base. The two sides of the triangle are known as the pillars of the ring. In order properly to understand the anatomy of the pillars of the ring an exact knowledge of the formation and attachment of Poupart's ligament is requisite. Poupart's ligament is the lower thickened border of the aponeurosis of the external oblique muscle. It is attached externally to the anterior superior spinous process of the ilium, and internally has three attachments, which please note carefully, as the key to the surgery of both femoral and inguinal hernia rests with a knowledge of these. The three attachments are:

(*a*) To the spine of the pubes forming the external pillar of the ring.

(*b*) To the ilio-pectineal line for about one and a quarter inches forming Gimbernat's ligament.

(*c*) To the linea alba forming the triangular ligament or fascia known as Coll's ligament.

Practically, speaking, after Poupart's ligament has become attached to the spine of the pubes it spreads in two directions, horizontally to form Gimbernat's ligament, and vertically, to form Coll's ligament.

Now we are in a position to refer again to the superficial abdominal ring with its pillars. The external pillar of the ring is formed by Poupart's ligament, it is round and cord-like and nearly horizontal in position. The internal pillar of the ring is thin, tendinous, straight and sharp, and is formed by fibres of the tendon of the external oblique that pass to the front of the pubes and here interlace with those of the opposite side.

The base of the triangle is formed by the crest of the pubes and extends from the spine of the pubes to the symphysis pubis. The apex of the triangle is acute and is crossed by well marked fibres, passing from one pillar to the other, and known as intercolumnar fibres. Having dealt with the two extremities of the passage, we now come to the boundaries and structures forming the passage itself, and, in order to do so, I will just remind you of how the abdominal muscles comport themselves in this region.

You will remember the general disposition of these three muscles. Two are oblique and one is transverse. The superficial one (external oblique) is oblique from above downwards and the next in order (internal oblique) is oblique from below upwards and inwards, and the deepest layer (transversalis muscle) has its fibers running almost transversely. The upper attachment of these muscles does not concern us. We have seen how the external oblique bridges over the groin in the form of a thickened band of fibrous tissue known as Poupart's ligament, and how this is attached externally to the superior spinous process of the

ilium, and internally to the spine of the pubes and ilio-pectineal line and linea alba.

The internal oblique also arches over the groin in the same way as the external oblique, but only towards the inner half of the groin from the inner third of Poupart's ligament to the ilio-pectineal line. Its outer fibers are thick and muscular, and are attached to the outer two-thirds of Poupart's ligament, and, after covering the outer half of the inguinal canal, dip downwards and inwards to be inserted into ilio-pectineal line internal to Poupart's ligament, and posterior to the inner half of the inguinal canal. The internal oblique then is anterior to the outer half of the canal and posterior to the inner half.

The transversalis muscle also arches at its lower border over the groin. It has much the same disposition as the internal oblique, but, having a much less extensive attachment to Poupart's ligament (only to its outer third), passes inwards and arches downwards to join the tendon of the internal oblique, and to be inserted with it into the ilio-pectineal line, forming the conjoined tendon about which you will hear so much during the operation for the radical cure of hernia. The transversalis muscle, passing above the deep ring, has no anterior relation to the inguinal canal, but, in passing to its attachment as the conjoined tendon, is in a posterior relation to the inner half of the canal. On the deep surface of the transversalis muscle we have the general lining membrane of the abdomen just as an egg has its general fibrous lining internal to the shell. This membrane receives various names in various places. When lining the transversalis muscle it is known as the transversalis fascia. In the pelvis it is known as the pelvic fascia, and that portion lining the diaphragm would be known as the diaphragmatic fascia. The deep abdominal ring is an opening in this fascia caused by the bag-like pouch that is carried down by the testicle on leaving the abdominal cavity.

Well, then, we are now completely in possession of the facts in the anatomy of these parts that relate to the operation, and we know that the canal has only in front of it the external and internal oblique muscles, and behind it the internal oblique muscle and transversalis muscle in the form of the conjoined tendon, and behind this the transversalis fascia.

You know also that the deep epigastric artery runs upwards and inwards from the iliac artery, and, passing between the transversalis fascia and peritoneum, skirts close to the inner margin of the deep ring. In operating you must always keep the exact position of the artery in mind.

An oblique inguinal hernia, then, is a protrusion of any of the abdominal contents through the entire length of the inguinal

canal and would have for its covering representatives of each of the normal layers of the abdominal wall in anterior relation to the canal. First we should have skin, and then superficial fascia, then external oblique represented by the inter-columnar fascia, then internal oblique or its representative the cremasteric fascia, then transversalis or infundibuliform fascia, and, lastly, superitoneal fat and peritoneum. The transversalis muscle not being in anterior relation to the canal escapes being pushed in front of the descending testis.

These few anatomical facts having just refreshed our memories, we are now in a position to undertake the operation for the radical cure of hernia.

Now, of the ten surgical procedures I forshadowed to you, all have the same object in view—namely, to get rid of the sac of peritoneum up to and as far as the deep abdominal ring, and to close the passage through the layers of the abdominal wall by readjusting these.

These objects are attained by various methods. The lecturer then related and described the ten operations for the radical cure of inguinal hernia, and expresed a personal predilection for Mr. Barker's operation.

SELECTIONS.

Preparation of Patient for Abdominal Section and Treatment of the Case.[1]

By WALTER B. DORSETT, M. D., Saint Louis.

[From *Saint Louis Medical Review*, January 23, 1904.]

Realising that medical literature is rather scant in the exposition of the subject matter of this text, and that what is to be gleaned is at the expense of a great deal of work (for it is found only as fragments), I have thought it would be instructive for this society to learn from our own members just what is the practice that is now considered orthodox. In order, therefore, to elicit a discussion I have taken the liberty to present my own views on this subject.

Faulty and imperfect preparation for a celiotomy often places a patient in a handicapped position to undergo the mental and physical ordeal that has to be encountered; so also does a careless and imperfect after-treatment unnecessarily jeopardise the life of the patient.

1. Read before the Saint Louis Medical Society, December 5, 1903.

From the birth of antiseptic and aseptic surgery to the present day many methods of preparation of the patient have been tried and found wanting, and in many cases disastrous results have been attributed to other causes than that of preparation and after-treatment; when in reality the cause lay here.

Frequently the methods in vogue have been lauded heavenward for the time, only to be entirely discarded or so modified as to be unrecognisable. As for instance, not a few members of this society will remember, when serving as internes in our City Hospital not many years ago, not to use a steam spray, reeking with carbolic acid, upon the intestines of a celiotomy patient was tantamount to a dismissal from the service. Today such treatment would be most vigorously condemned.

Following close upon the heels of the carbolic spray came the bichlorid pack, which was applied to the abdomen for from six to twelve hours prior to the operation. This was often as strong as 1 to 1000 or stronger, and not infrequently when the patient came to the table, distinct vesication of the skin could be seen. So it will be seen that during the evolution of this effort at cleanliness many, many changes necessarily took place.

A careful retrospection of the subject will convince one that the tendency is toward simplicity and cleanliness, rather than complexity and antisepsis.

The use of chemical irritants in and around the field of operation has been supplanted by good clean soap and hot water. There is no question in my mind that the irritation incident to the scrubbing with a stiff brush with a solution of corrosive sublimate is positively dangerous to the patient. The protective epithelium is scraped and torn off by the coarse, rough brush that is usually used, and while the bichlorid solution may destroy organisms here situated, the part is left in a far more suitable state for the propagation of pathogenic organisms than before it was touched.

A good scrubbing with green soap and sterile hot water with a soft brush, or perhaps better still, a Turkish bath towel, followed by the application of the razor, to not alone remove the hair, but to scrape off excretions of the skin that have been brought to the surface by the soap and water, is all that is necessary until the patient is brought to the table.. The part may be protected by a thick layer of sterilised gauze or absorbent cotton which is allowed to remain in place by bandage until the patient is anesthetised and brought to the operating-room. This is then removed and the site again scrubbed or rather wiped off with a solution of green soap, then rinsed off with sterile water, after which sulphuric ether is applied, and when it has disappeared by

evaporation, alcohol is applied. Sterile towels are then applied around the proposed incision, taking care not to allow too great an area to be uncovered. During the operation the surgeon should avoid touching the skin of the patient unnecessarily, and at no time, if the intestines be brought through the incision, should they ever be allowed to rest upon the skin, but upon sterile towels, which should be changed as soon as soiled.

CATHARSIS.

From observation of my own cases and others I am inclined to believe that in our zeal to get the intestinal tract free from fecal matter, hypercatharsis is obtained to the great detriment of the patient's strength. Particularly is this true in the use of epsom salts in large doses. This applies particularly to cases in which quite an amount of blood may be lost, as in hysterectomies, myomectomies or salpingotomies, and the like. My favorite formula for all celiotomies is as follows:

R Magnes. sulph..... dr. iii
Sol. magnes. citrate..... oz. xii.
Sol. carmin..... m. xv.
Sig. One-third contents of bottle every three or four hours till bowels act.

In most instances one or two parts of this solution is all that is necessary. On the morning of the operation and two or three hours prior thereto, a copious soapsuds enema is given for the purpose of the removal of the remaining fecal matter, so that should it be desired to give a copious saline enema in case of shock from great loss of blood or otherwise, you have a better absorbing surface in the colon.[1]

THE PREVENTION OF THE EMESIS OF ANESTHESIA.

Post operative emesis is the "bete noir" of the abdominal surgeon. This distressing condition often lasts for hours and even days, and its dangers are often far-reaching. It weakens the heart's action, disturbs wound coaptations, not only in abdominal incision but wounds in the repaired abdominal viscera as well, to say nothing of its production of gastric inflammation, which in many instances becomes a more serious condition than that for which the operation was performed. Again, this condition of vomiting is not always easily differentiated from intestinal obstruction.

Aside from the fasting for twelve hours before the operation and the post operative inhalation of vinegar or acetic acid,

1. As to the specific action of magnesium sulphate, I will say that from my own observation in a case of biliary fistula at the Female Hospital some twelve years ago, I am satisfied that by its administration the secretion of the liver is very materially stimulated, and reasoning by analogy I am led to believe that other secretory organs are likewise thus stimulated.

nothing was done for my patients to prevent this distressing condition until a short time ago, when I chanced to see a short note in a journal on the cause of chloroform vomiting and the cold water treatment therefor. I immediately called to mind several cases in which I had been greatly worried as to this condition and I resolved to try the treatment. The author, in this note, calls to mind the observance of the action of the muscles of deglutition which we frequently notice in the patient while the anesthetic is being administered. The mask is well applied over the nose or mouth, or both, and the anesthetic is poured or dropped on. After two or three inhalations, if notice is taken, the patient will be seen to swallow as well as inhale, and the vapor of the anesthetic is taken into the stomach more rapidly perhaps than into the air passages. The stomach is empty and the superimposed walls are separated and the anesthetic comes in direct contact with the gastric mucous membrane, with the result of producing not alone an irritation but an inflammation. Thus is a gastritis produced and as a consequence vomiting as a reflex neurotic symptom established.

Now, by allowing the patient to drink from thirty to forty ounces of water in quantities of ten ounces at intervals of a half hour prior to going to the operating room, the stomach is filled with the water, and as soon as the chloroform or ether enters the stomach it is absorbed by the water and is held in solution, and by this dilution it cannot irritate the gastric walls. The last ten ounces are given immediately before the anesthetist begins the anesthesia, so that should the water taken prior to this last quantity be absorbed, this last portion of water, not having had the time to be absorbed, readily takes up the vapor. We have observed in most instances this last portion is vomited with but little effort, and the nausea here ceases. So far this practice has greatly lessened my anxiety in many instances.[1]

THE DRESSING OF THE ABDOMINAL INCISION.

Much as been written on the "abdominal incision," "the through and through suturing," "suturing in layers," and the like, all having as their aim thorough coaptation and elimination of dead spaces. But little has been said as to the best method of maintaining this coaptation until nature in her reparative process has accomplished her purpose.

Ventral hernias are apt to follow and do follow the work of our best men, whether one or the other method of suturing is practised. I take it that this is due to the fact that little or no

1. The rationale of lavage for emesis is probably the solution of chloroform from the gastric walls brought or siphoned from the stomach by means of the stomach tube.

attempt is made to combat intraäbdominal pressure, which is aggravated by the coughing and vomiting.

To prevent this I am in the habit of folding pads of gauze very tightly so as to make them hard, applying them on each side of and over the line of incision, and maintaining them in contact with the abdominal wall by a larger piece of gauze that is sealed down with collodion. This firm dressing when the binder is drawn snugly, acts as a buffer, or in the same manner as does the pad of a truss in hernia.

The collodion also prevents the dressing from slipping off the wound during convalescence when the patient turns on her side. It is not removed until the tenth day after the operation, when the stitches are removed.

GASEOUS DISTENTION.

One of the most annoying conditions in the treatment of the abdominal patient is the distention of the abdomen with gas. In order to forestall this trouble some surgeons are in the habit of making an effort towards opening the bowels by the administration of laxatives on the day following the operation. This I believe is a mistake, inasmuch as the excitation of peristaltic action of the entire intestinal tract by medicines so disturbs relations of parts as to hinder union of surfaces, and in pus cases spreads infection that would otherwise remain local. In order to relieve this condition, which in the majority of cases is a paresis, I have been using the Virgil O. Hardon treatment—namely, enemata of alum solution, which is one-half ounce of pulverised alum to one pint of warm water, carried well into the colon by means of the colonic tube, best introduced with the patient in the left lateral or Sims position. While alum is ordinarily regarded as an astringent, the amount of peristalsis of the colon it produces is remarkable. By the peristalsis of the colon the distention, which ordinarily is in the ileum, is relieved through the ileo-cecal opening into the colon and the gas is expelled. A 50 per cent. solution of fresh ox gall is advocated by Ameiss and the formula now in use at St. Mary's Infirmary, and probably originated by Dr. McCandless, is:

R	Ox gall	dr. ss.
	Turpentine	dr. ss.
	Saturated solution magnes. sulph.	oz. iv.
	Glycerin	oz. iv.
	Aquæ puræ, q. s.	O. i.

I have used with varied success, but so far I prefer the solution of alum as proposed by Hardon.

Circumcision of Women.

[From *Caledonian Medical Journal*, July, 1904.]

The inhabitants of Egypt are circumcised. Religion prescribes it to the Mahometans, and the Copts, or Catholics, willing to double their claims to paradise, are circumcised as well as baptised. Circumcision was practised among the ancient Egyptians, and some have gone so far as to find it necessary in the climate of that country.

In almost every other region, men alone are circumcised, and the mode of operation is universally known, but in Egypt women likewise submit to the operation, or to an operation somewhat similar, and one which has obtained the same name. The circumcision of women was likewise practised by the ancient Egyptians. It is at present confined to women who are properly Egyptians; the women of other countries, who are brought thither, having no occasion for the operation.

Sonnini justly remarks that it is by no means easy to treat of this subject with any degree of perspicuity, and, at the same time, to avoid such expressions as may offend the ear of modesty. The subject, however, is of importance in the history of man. To pass it over would be improper. It will be necessary, therefore, in discussing this subject to make use of the scientific terms which, though they may not be so universally understood, are certainly less offensive to delicacy.

That the women of Egypt undergo an operation denominated circumcision has long been known, but writers remain ignorant of the nature of the operation. Many affirmed that it consisted in retrenching the nymphæ, which were supposed to grow to an uncommon size. Bruce distinguished the operation by the name of excision, and affirmed that it consisted in shortening the clitoris. Niebuhr seems to have adopted an opinion compounded of these two notions, and such was the idea of Sonnini himself, till he had an opportunity of procuring more exact information.

That the nymphæ and clitoris are frequently retrenched seems to Sonnini, after the enquiries he made, to be sufficiently certain; but this is not all that is understood by the circumcision of women. Sonnini had long been of opinion that the ideas entertained of this operation were not correct. He wished to examine the matter more accurately, and he formed a project which, in Egypt, was not a little arduous—he resolved to witness the circumcision of a girl.

Forneti, the interpreter, lent his aid in this affair, which it was by no means easy to accomplish. The impropriety of ex-

posing to the profane eyes of a Frank a Mahometan girl was strongly urged. Besides, it was winter, and deep-rooted prejudice had fixed the commencement of the rise of the Nile as the only auspicious period for the performance of the operation. The only argument in opposition to such objections was money, and this was so well applied that Sonnini at length had an opportunity, not only of seeing the operation performed, but also of examining a case which had been operated upon some years previously. When he examined her person, Sonnini perceived a fleshy excrescence hang from the os pubis, immediately above the labia. Its length was about half an inch, and the removal of this excrescence was what constituted female circumcision. The operator made the girl sit down on the ground before her, and, with a bad razor, immediately cut off the part mentioned. Though a good deal of blood issued from it, nothing was applied except a small quantity of ashes. Neither the nymphæ nor the clitoris were touched, and, indeed they were not visible in this girl or in her who had formerly been circumcised.

Circumcision in the women of Egypt, if this operation can be properly called by that name, is the effect rather of necessity than of choice. The excrescence is enlarged in proportion to the age of the woman, the operator assuring Sonnini that, if it is suffered to remain untouched, at the age of 25 it would be 4 inches in length. The operation is always performed, however, before the girls arrive at maturity, generally about the age of 7 or 8. The operators, who are, for the most part, women, are commonly natives of Upper Egypt. At the season reckoned most proper for the performance, which has already been mentioned to be the commencement of the increase of the Nile, they go from village to village proclaiming their occupation.

The excrescence which renders circumcision necessary is peculiar to women of Egyptian origin—to women descended from the ancient race of inhabitants. Females brought from another country, or females descended from parents who at some period, however remote, have arrived from another country, never exhibit any such excrescence. If we compare this circumstance with the accounts of the women in other parts of Africa, it may tend to render descriptions, formerly much suspected, if not wholly true, at least partly true. The preternatural apron of the Hottentot females was long considered as a fable, and Vaillant himself, who had traversed many parts of the country, strenuously contradicted the supposition of any such appearance. The same traveler, however, at a great distance from the Cape of Good Hope, met with women with a lengthened excrescence, similar to that belonging to the Egyptian women, except that at the lower extremity it

was divided into two parts. The latter circumstance he considers as the effect of art.

Should the dubious authority of Vaillant be reckoned insufficient to establish the reality of any such conformation existing among the Hottentot females, his assertion may be confirmed by the authority of one whose veracity has not been suspected. Barron, in his travels near the Cape, mentions the same circumstance. It is evident, therefore, that at the two extremities of Africa, are found women who from nature have received such an excrescence.

Female circumcision, at the same time, is known to be practised in Abyssinia, and, though the nature of that circumcision has not been precisely determined, it may be presumed to be owing to a conformation similar to that of the Egyptian women, especially when we consider that those who perform circumcision in Egypt come from that part of the country which is nearest Abyssinia. Among the African negroes, no such conformation has ever been observed. Upon the whole, therefore, it may be concluded with some degree of probability, that the peculiarity in question is confined to the tawny women in Africa, and that a race of them extends, perhaps with a few interruptions, from Egypt in the north to the Cape of Good Hope in the south. It is probable, likewise, that it is peculiar to a race of women, without being under the influence of climate, since no length of residence in Egypt seems to bestow such a mark on females not belonging to the original inhabitants. It would be curious to know whether the original Egyptians preserve the same conformation after a residence of successive generations in a different country. Should this appear to be the case, it would afford a very powerful argument in favor of those who contend for the existence of different species of human beings.

PROGRESS IN MEDICAL SCIENCE.

Pediatrics.

Conducted by MAUD J. FRYE, M. D., Buffalo, N. Y.

INFECTIONS OF THE NEWBORN.

Hamill and Nicholson (*Archives of Pediatrics*, September, 1903,) report a series of cases of hemorrhagic disease of the newborn ending fatally, in which the postmortem findings warrant the following conclusions:

Etiology.—Hemorrhagic conditions in the newborn may, in certain instances, be due to some of the causes formerly held accountable for all such manifestations. In the majority of instances, however, hemorrhages may be considered as symptoms of an infectious condition.

Strong evidence in favor of the infectious nature of all such conditions as melena, Winckel's disease, and the like, rests in the fact that they are observed almost exclusively in institutions and not uncommonly in epidemic form. One peculiar feature of this last observation is that bacteriological studies, while proving the cases infectious, have commonly failed to demonstrate the presence of the same microörganisms in all of the cases, a result which suggests that these infections are more often dependent upon the deficient technique of a poorly trained nurse than upon defective conditions in the ward.

The nature of the infecting organism varies widely. In the 6 cases recorded, 6 different microörganisms were isolated, viz.: the bacillus pyocyaneus, the bacillus lactis aerogenes, the colon bacillus, the staphylococcus aureus, the bacillus coli immobilis and a streptococcus. The literature contains instances of infection by the pneumococcus, Pfeiffer's bacillus, the bacillus of Babés, the bacillus hemorrhagica of Kolb, the bacillus of Gaertner, the encapsulated bacillus of Dungern, and the pneumococcus. The streptococcus, the bacillus coli commune and the staphylococcus are the ones which have been most commonly encountered.

Origin of Infection.—Air infections may sometimes occur. The mother's milk may be responsible for a small number of cases. A source of infection may be the bath water, but probably the most common medium is the poorly trained or careless nurse.

It is impossible to definitely fix upon the port of entry. The buccal cavity, the tonsils, pharynx and the remainder of the alimentary tract, are probably the most common; next in order the lungs. The authors believe that the cord has been given too great prominence as the point of entrance and that the other avenues named—the skin, conjunctiva, nose, ears and urogenital tract—are rarely responsible.

Symptoms.—The symptoms have no definite order of occurrence. Fever is usually early manifested, and may vary from a slight elevation to a hyperpyrexia. Diarrhea with malodorous, undigested, greenish, mucus stools, is present in the majority of cases. Icterus may occur and is sometimes intense. Skin eruptions of almost every description have been noted. Apathy, rapid and persistent emaciation and inability or disinclination to nurse

are always noted. Hemorrhage of varying degree, from either the skin, umbilical cord, eyes, ears, nose, mouth, vagina, bladder, stomach and bowels, usually happens at some time during the course of the disease. Nervous phenomena are varied; they consist mainly of convulsions, retraction of the head, nystagmus, twitching of the muscles, tetanic and tonic spasms, strabismus, changes in the pupils, and sometimes paralysis. Cyanosis and rapid, labored and irregular respirations, usually toxic in origin, may occur early or, more frequently, late in the disease. Any decided elevation of temperature, notwithstanding the frequency of fever at this age, should arouse suspicion. It may be the only evidence of the condition for several days. In most of the cases enteritis is an early symptom, and next in order, perhaps, is the occurrence of the papular or papulovesicular eruption involving the skin of the face, neck, shoulders and forearms. If, therefore, one observes this combination—fever, greenish, mucus stools, a skin eruption of the character described, and rapid emaciation—one is justified, from the therapeutic standpoint, in considering the condition infectious. If to these manifestations are added hemorrhage, nervous phenomena, cyanosis, and rapid, irregular or labored respiration, the evidences of an infectious condition are complete. Confirmatory data and definite information as to the character of the infection can be obtained by cultures made from the blood.

Treatment.—Measures should be directed toward improving the general aseptic technic of maternity hospitals. The routine measure of cleaning the infant's mouth is not advisable. The nurse who has handled the bedding of a patient, treated a fissured breast, emptied a bed pan or changed a napkin, unless she be most careful in preparing her hands, will readily infect the mouth of the infant. The condition of the breasts of the mother should be carefully studied. The recognition of erosions, fissures, or any other pathological condition, should result in the immediate withdrawal of the infant. Infection once established, comparatively little can be done. Isolation in bright, sunny rooms has a good effect. The withdrawal of from 15 to 20 c.cm. of blood, immediately injecting subcutaneously 20 to 30 c.cm. of artificial serum is claimed by Delestre to have a very beneficial effect. Otherwise symptomatic treatment is to be followed.

The prognosis of these infections is distinctly bad. Mild infections do occur and, in some instances, the patients recover when the condition seems hopeless. It is a not uncommon occurrence, in private practice, to see mild cases of so-called melena recover, but in institutions the mortality from infections of any type is extraordinarily high.

THE BEST ANESTHETIC FOR CHILDREN.

BURNETT (*Archives of Pediatrics*, April, 1904,) advocates the use of ether as a routine anesthetic for children except in conditions such as acute bronchitis, pneumonia, nephritis, and marked respiratory obstruction, which contraindicate its employment. The unpleasant effects of ether are due chiefly to faulty administration and the fault is in using too much ether and forcing it upon the patient too rapidly. Whatever form of inhaler is used, the ether should be greatly diluted at first and it should be increased so gradually as to avoid choking and coughing as completely as possible. In this way ether may be given to children with great satisfaction, particularly if preceded by nitrous oxid and a transition gradually made from that anesthetic to ether. Nitrous oxid should be used with great caution and sparingly in infants even in this way before ether and in all children air should be given at an early period.

In administering chloroform to a crying, struggling child it should be given at a much slower rate than during normal breathing. Children generally become quiet quite suddenly during the induction of chloroform anesthesia, and it is a wise plan to suspend the administration for a moment when this occurs and note the effect of the dose which has already been taken in. It will often be observed that a marked and prolonged effect follows the initial dose and this demonstrates the wisdom of the pause in the administration; as otherwise an unnecessary and perhaps dangerous amount may be given. When it is seen that the initial dose has not been excessive, the administration may be resumed and as the respiration is now more regular the narcosis progresses with much greater safety.

The most important principles of chloroform administration are the avoidance of a concentrated vapor and an even use of the smallest amount of the anesthetic compatible with satisfactory anesthesia. It should always be given drop by drop.

ABSTRACTS.

Collargolum Enemata.

DR. HEINRICH LOEBL, Assistant in the Franz Joseph Hospital at Vienna, in *Die Therapie der Gegenwart*, April, 1904, says: that during the last few years there has been a constant increase in the number of favorable collargolum publications. Good results have been recorded from its use in apparently absolutely

hopeless cases, and we convinced ourselves, in our division, of the fact that anyone who administers it to a considerable number of septic patients will have the same experience. In serious cases we did not employ unguentum Credé, preferring the intravenous injection of 1 per cent. collargolum solutions (2¼ grains to ½ oz. sterile water), which we used with excellent results.

But great obesity, anemia, venous paucity, and the like, may hinder the intravenous injection. Besides, a single injection is rarely enough, and only a limited number can be given if a new vein is used for each. Finally, the needle may be displaced from the lumen of the vein by a motion of the patient when the constricting bandage is loosened.

In one case where the veins could not be reached on account of their anemic narrowness and the patient's well developed panniculous adiposus, he used collargolum as an enema. The method has the following palpable advantages: it can be used by any attendant, is neither painful nor troublesome, is entirely safe, permits the use of larger doses, and brings the drug in contact with an excellent absorbing surface. It is no less efficacious than the intravenous injection. The intestine is not irritated, even when 1 per cent. solutions are given for fourteen days, and the collargolum enema is almost entirely absorbed, for a cleansing enema given twelve hours later brings only a slightly blackish fluid.

Having given the enema to two dying patients and demonstrated the absorption of collargolum by historical examination, Loebl used the enemata in 27 cases, which are detailed with illustrative temperature charts. Six were sepses of varied origin; of these, 4 were cured, 1 was not benefited, and 1 died. One of the cured cases was a staphylococcemia in which other remedies had failed; and one other case is especially noteworthy because it appeared hopeless when the collargolum was begun. The fatal case was so desperate that the surgeon refused to operate, and even it showed some improvement the next day, so that a less marantic individual (she was 65 years old and tubercular) might have been saved. Out of nine cases of puerperal infection five were cured, three were not benefited, and one died. In this series one beginning parametric infiltration with irritative peritoneal symptoms underwent rapid involution and in five other cases there was an inhibitive effect on suppuration. In one case of obstinate rheumatism and in four cases of renal and vesical infection there were no results. Six consumptives with rapidly progressing febrile phthisis, one of them moribund and all of them entirely recalcitrant to every internal medication, received the enemata without any especial effect. In sanatoria, where there is natur-

ally a larger proportion of mild cases, there is probably a greater chance of success.

As regards the technic, the patient is given morning and evening an enema of 1 or 2 pints of lukewarm water. Half an hour after defecation, 7½ grains of collargolum in 1 per cent. solution are administered by a funnel or syringe. This amount (1½ ozs.) is almost invariably retained; the bowels usually move only after the cleansing clyster on the next morning. The enemata are given twice daily for at least eight and not more than fourteen days. No unpleasant by-effects have been observed. Loebl concludes that the collargolum enemata give the same results in acute infections as does unguentum Credé of collargolum intravenously. In many cases the method has a surprising effect; and it has more than once been effectual when joint affections or phlegmasia alba dolens had appeared. It is probable that the method will save cases which we would otherwise lose.

For these reasons he heartily recommends a trial of the treatment. Since November, 1903, when he demonstrated the method in the Royal and Imperial Medical Society of Vienna, he has received many favorable reports on it, both in hospital and in private practice.

Prof. Netter, Member of the Paris Academy of Medicine, writes in the *Bulletins et Mémoires de la Societe des Hopitaux* of April 28, 1904, concerning the administration of collargolum by mouth and per rectum. He finds that the gastrointestinal route, which Loebl and Jousset have used successfully, has the advantage of simplicity and often gives excellent results. By mouth he gives pills of 1-6 to 1-3 grain collargolum with sugar of milk and glycerin; or solutions in albuminised water, ¾ grain to a dessertspoonful, the daily dose being 2½ drams to 1 oz.

For rectal injections 1½ to 7½ grains collargolum should be given twice daily. Or 1½ grain to 4½ grain collargolum suppositories may be used. Several of his patients have taken collargolum per os and per rectum for months at a time, one without interruption for a year.

In noninfectious diseases, such as nervous and gastric affections, in which silver nitrate is used, collargolum acts well, has no caustic effect, and never causes argyria. He gave it to six epileptics and got the specific action of bromide from much smaller than the usual dose; and the distressing symptoms of bromism and the eruptions, bad breath and mental depression were avoided. He even used collargolum alone and patients have passed five or six months without any attack.

He also used it successfully in several cases of neurasthenia

and neuralgia. A chorea that was intractable to antipyrin and arsenic was cured by it and it was also effectual in migraine. Given by mouth in infectious intestinal diseases, dysentery, and muco-membranous enteritis of children and adults, it gave marvelously rapid results.

The internal use of collargolum is also preferable to injection or inunction in infectious diseases with a prolonged course, such as phthisis pulmonum. In typhoid especially the drug has a direct effect upon the pathogenic organisms, diminishing fever and diarrhea and shortening the disease. Results in influenza were equally good. In certain tuberculous cases collargolum alone appeared useful. Cases with cavities seemed especially benefited; in several there was rapid diminution of expectoration. In infectious endocarditis subsequent to biliary inflammation the prolonged use of the drug certainly lowered temperature and increased the patient's strength.

The Inconvenience of Hats.

From an article bearing the above title, which appears in *Cosmos* (Paris, July 16), we learn that the new fashion of going without a hat is not limited to this country. According to the writer, it has everything, hygienically, in its favor, and the arguments against it need only be stated to be refuted. He says:

The mass of hair that covers the top of the head is a feature of the human race in both sexes, and appears to be one of its most stable physical characteristics. Nevertheless, long observation is unnecessary to prove that this characteristic is weakening, and that the vigor of the hair is decreasing in man. Now a question presents itself: is this due to a transformation of the species or must we attribute the fact to man's habits? This second solution appears to be correct, which is consoling, since it allows us to hope that the evil may be checked. This loss of hair that has become more striking from one generation to another by heredity, is due, according to some scientists, to the habit of covering the head.

This habit must affect the hair injuriously in three ways: (1) by depriving it of the life-giving light of the sun, of free ventilation, and of the movement of the hairs by air-currents; (2) by pressure on the small arteries of the scalp, which bring nourishment to the hair; (3) finally, because all head-coverings are an excellent culture-medium for microbes, and facilitate their development. In fact, the hat, since it prevents the germicidal action of the sun's rays and the movement of the air, and retains on the head the heat and moisture of the enclosed air, offers all the most favorable conditions for obtaining a culture of microorganisms. Furthermore, it is well recognised that the chief

causes of baldness are the microbian affections of the scalp, which destroy the sebaceous glands.

We may, then, suppose that it is the custom of covering the head that diminishes, little by little, the vigor of the hair. Although this is not absolutely proved, it is infinitely probable, and in any case it would cost nothing to try a change in the present fashion. This change is absolutely desirable, especially for men, for with women, besides the fact that their hats cover only part of the hair, they are generally lighter; the preservation of the hair for the species is due to the women alone, the men counting for nothing in the matter. . . . . .

The promoters of this reform are meeting, at the outset, with certain objections: (1) to uncover the head may bring on colds, neuralgia and rheumatism. They answer that colds, catarrh, and the like, are of microbian origin and can not come from the scalp; (2) as for neuralgia and rheumatism, they are convinced that if the habit of leaving the head uncovered is adopted in youth, these troubles will not follow. In fact, they say, the uncovered parts of the head are not subject to them any more than the covered part—less perhaps; (3) so far as the incontestable danger of exposing the bare head in the sun is concerned, there are many ways of avoiding this without smothering the scalp; (4) the fear that septic bodies may be deposited on the uncovered parts, especially in cities, certainly deserves consideration; but care in the toilet will enable us to escape the consequences; (5) finally, the fear lest the hair should be injured by sun, wind, or cold has no serious basis, since unprotected parts of the head are covered with vigorous hair."—Translation made for *The Literary Digest.*

Facts About Apollinaris.

In France, England, Germany and the United States, mineral spring waters play an important part in the daily economy; in each of these countries the sale of apollinaris is larger than it ever was before, and according to the London *Lancet* thirty millions of bottles of this water are consumed each year. The *Lancet*, which is recognised everywhere as the highest authority on matters pertaining to health, recently sent one of its special commissioners to the apollinaris spring, which is at Neuenahr, Germany, in order to place before the medical profession an authoritative description of the bottling of this water.

The report of this commissioner, published in the *Lancet* of January 30, 1904, shows that he was given access to every nook and corner of the vast establishment in which the apollinaris spring is situated, and that he saw from beginning to end the process by which the water is bottled there, ready for delivery to all parts of the world. This report is full of interesting scien-

tific details describing the methods of bottling, and shows that the purity and healthfulness of the apollinaris water as it comes from the spring is preserved; it says that the chemical analyses which he made are in accord with those given at various times by the late Professor Virchow, Professor Liebreich, the late Sir Edward Frankland and other authorities, and that the water wherever it is bought is identical with the water taken direct from the spring, as apollinaris is bottled only at the spring and only with its own natural gas. The supply of both water and gas from the spring is considerably in excess of the present enormous demands.

Treatment of Chronic Ulcer of the Leg.

Horatio W. A. Cowan, (*Lancet*, London, Eng., July 2, 1904,) says that the beginning of the present year he was called to a woman aged 54 years, who had a chronic sloughing ulcer for twenty-two years situated on the outside of the left leg, some ten inches long and three inches wide, with indurated edges and some thrombosis of the veins of the inside of the knee. Having first cleansed the ulcer with charcoal poultices for two days, he applied wet butter cloth and then spread antiphlogistine over it after which cotton wool and a bandage were put on. This was done every day by the patient's friends for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. Cowan adds: "I publish this case in the hope that it might be useful to others as Unna's paste and all sorts of methods had been previously tried. I may say that I have no personal interest in antiphlogistine."

Acetozone in the Treatment of Summer Diarrhea.

In the treatment of any form of diarrhea an accurate diagnosis must first be made. For convenience it is customary to classify diarrheas somewhat after this fashion: (1) diarrhea of relaxation, or serous diarrhea, due to disordered innervation; (2) crapulous or lienteric diarrhea, due to imperfect digestion; (3) catarrhal diarrhea, acute or chronic; and, (4) ulcerative diarrhea, due to intestinal ulceration.

This classification is by no mean perfect, as is shown by the multiplicity of terms applied to the various pathologic states characterised by diarrhea. Thus we have the terms acute inflammatory diarrhea, acute summer diarrhea, choleraic diarrhea, dysenteric diarrhea, nervous diarrhea, tuberculous diarrhea, and

the like. In each case the diagnosis is determined by the actual condition prevailing, of which the intestinal laxity is usually but a prominent symptom.

The question of treatment is one of the utmost importance. Without entering into a discussion of what soon proves to be a very broad subject, it may be worth our while to consider briefly the status of the antiseptic method of treating intestinal disorders, especially those caused by pathologic organisms and of which diarrhea is the chief symptom. Apart from well-directed efforts to clear the intestine of bacteria, reduce the temperature, sustain the vitality of the patient, regulate the diet, secure proper hygienic conditions, rest, and good care, the selection of the proper antiseptic agent demands the exercise of the physician's best judgment.

Whether or not it be possible to attain intestinal asepsis is, of course, a debatable question, but it is a well-established clinical fact that intestinal antiseptics do good and modify the course of enteric diseases of bacterial origin, notably typhoid fever, dysentery and summer diarrhea. However, there is a difference in the degree of efficiency of the various antiseptics, the utility of many being limited by the risk of untoward action from excessive dosage. In those cases of ileocolitis caused by the bacillus of Shiga many of the serious symptoms are due to a mixed infection, to combat which prompt and vigorous measures are required.

The experiments of Novy and Freer (Contributions to Medical Research, p. 114) with benzoyl-acetyl-peroxide (acetozone) showed that this substance is extremely germicidal to the organisms found in the alimentary canal. Its administration to rabbits resulted in the "practical sterilisation of the contents of the stomach." In several experiments with these animals "the intestinal tract apart from the cecal pouch, was found to be sterile." Neither bouillon tubes nor agar showed growths, though the controls gave abundant cultures. Other experiments showed that enzymes and toxins are also destroyed or rendered inert by acetozone. Further study demonstrated not only the remarkable germicidal power of acetozone, but also the fact that its aqueous solutions may be given internally, and even injected intravenously, without harm. From these data we infer that this substance ranks among the most powerful germicidal agents, while it exerts no harmful effect upon the human organism, and may, therefore, be employed as a therapeutic agent in the treatment of summer diarrhea and other infectious enteric diseases with the best effect. There seems to be abundant evidence to warrant the suggestion that acetozone solution should prove most

valuable in colonic flushing, as it is entirely free from the danger that attends the use of large quantities of even weak solution of mercuric chloride, and for that reason may be used fearlessly.

Diarrheas in Infancy.

Rotch (*Amer. Med.*) regards the treatment of these conditions as still largely empirical, but believes it can usually be determined whether the large or small intestine is affected. The best success is obtained if the treatment is given by mouth, when the small intestine is the seat of disease, and by rectum, when the large intestine is affected. He also differentiates the group of cases with marked fermentation and little local lesion and ileocolitis class of cases when the lesions are more or less decidedly marked. No specific remedy or intestinal antiseptic has been found to absolutely kill the organisms or neutralise their toxins. Clear the intestines of bacteria by laxatives, support the strength, combat nervous symptoms, and hyperpyrexia are the chief indications. Of the drugs he recommends bismuth.

The following combination has been recommended after the alimentary canal is free of all irritants:

℞	Bismuthi subnitratis	ʒii.	8
	Salol	gr. xvi.	1
	Aquæ cinnamomi	ʒi.	30
	Aquæ, q. s. ad	ʒii.	60

M. Sig.—Shake well. Teaspoonful in water every two hours.

For diarrhea in infants, with green stools:

℞	Hydrargyri chloridi mitis		
	Pulveris ipecacuanhea, aa	gr. i.	.06
	Sacchari lactis	gr. xx.	1.30

M. Chart No. x. Sig.—One powder three times a day.

—*Med. Recorder*

CORRESPONDENCE.

The American Society for the Study of Alcohol and Other Narcotics.

Editor Buffalo Medical Journal:

Sir—The American Medical Society for the Study of Alcohol and other Narcotics was organised June 8, 1904, by the union of the American Association for the Study of Inebriety and the Medical Temperance Association. Both of these societies are

composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organised in 1870 and has published five volumes of transactions and twenty-seven yearly volumes of the *Quarterly Journal of Inebriety*, the organ of its association. The second society began in 1891 and has issued three volumes of transactions, and for seven years published a quarterly bulletin containing the papers read at its meetings.

The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is, first, to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological and therapeutic relations; second, to secure more accurate investigations of the diseases associated with or following the use of alcohol and narcotics; third, to correct the empirical treatment of these diseases by secret drugs and so-called specifics and to secure legislation, prohibiting the sale of nostrums claiming to be absolute cures containing dangerous poisons; and, fourth, to encourage special legislation for the care, control and medical treatment of spirit and drug-takers.

The alcoholic problem and the diseases which center and spring from it are becoming more prominent and its medical and hygienic importance has assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realise the causes, means of prevention and cure of this evil. This new society comes to meet this want by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view.

As a medical and hygienic topic the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment, and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent appeal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The undersigned will be pleased to give any further information.

T. D. Crothers, M. D., *Secretary*,
Hartford, Conn.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges should be addressed to the editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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University and Hospital Bulletin.

THE JOURNAL in its next issue will inaugurate a new section, to be known as the *"University and Hospital Bulletin,"* which is to be devoted to the interests of the medical department of the university particularly, and the hospitals of the city in general, in so far as the work in them is connected with medical education. It is the intention to make this section an interesting and public-spirited supplement to the JOURNAL, in which shall be found as nearly a perfect record of university advancement as it is possible to give from month to month.

While, as a matter of course, questions of purely scientific character will be dealt with, they will be given in narrative form—the strictly technical paper and its discussions being reserved for the other pages of the JOURNAL. Opinions of a general character will not be expressed; but an effort will be made to present and maintain a strictly news department devoted to the University of Buffalo and the fostering and upbuilding of its interests. Clinical hospital work by university leaders will be given in what may properly be called serial form. Unusual cases in hospital practice and in charge of men who have no university connection, will be given space commensurate with the importance of the case, the ingenuity of its treatment or the rarity of its features.

As near as may be all departments will be represented from time to time; but standing features will include surgery, medicine and pathology, the general news items of the medical department, hospital clinics, the work of the students and the fraternities. The faculty of the medical department will act as an advisory editorial staff of this new division, which, we believe, will prove of

great interest to the alumni and students and we hope it will become of distinct benefit to the University of Buffalo and the hospitals of the city.

The Water Supply of Buffalo.

THE report of George W. Fuller, the expert, called to Buffalo to study its water supply has been received and is now before the Common Council. It is the result of personal observation and of the labors of the department of health covering a study of water conditions for the past twelve years and is, therefore, a very complete and careful exposition of our water conditions. It is now the duty of the board of health (Mayor, Health Commissioner and Superintendent of Public Works) to act upon these recommendations and give to the city the practical results of Mr. Fuller's observations.

It is to be regretted that one of the possible sources of water contamination was overlooked—namely, the oft asserted leakage into the new intake tunnel. It seems as if this matter could easily be eliminated, once for all, if the superintendent of public works would give it his special attention.

Some of the conclusions and recommendations of Mr. Fuller deserve careful consideration. The enormous daily consumption of water per capita (324 gallons daily) is commented on and economy urged. But do we consume that amount of water daily? That is a question not at all proven and it is plainly up to the water department to show this pumpage by other methods than by reading off the indicator at the pumping station.

There is either enormous leakage, which can be easily determined, or else we are not using as much water as Mr. Fuller thinks we are. The meterage of water to private families should never be thought of in Buffalo. The subject of filtration is utterly out of the question with a water consumption per capita such as we are supposed to have.

The contamination of the river by South Buffalo sewage through Smoke's Creek and also by the harbor is admitted, as was strongly suspected by water observers ever since the typhoid epidemic at the steel plant colony. The extension of the intake to Horse Shoe reef is urged. It is doubtful if this extension would materially affect the conditions permanently. An extension of the intake toward Windmill Point might be of permanent benefit as far as local conditions are concerned, but it would be an expensive improvement and less efficient than a filtration plant.

What should be done at present, first, is to establish the facts regarding waste water or water consumption and apply the remedy; second, determine as to the leakage of sewage into the intake tunnel and stop it at once; third, make some practical use of the Dodge Street reservoirs, possibly with the idea of sedimentation.

The water question is by no means solved by this report. What has been gained is only a *more emphatic* statement of our water conditions by one more experienced in these matters, but it still remains for us to keep the question alive by study, observation, and constant prodding at those in authority.

As was suggested by a writer before the Academy of Natural Sciences last winter, a commission with power, patterned after the grade crossing commission, appointed by the mayor, holding office indefinitely, could solve this question to better advantage than the board of health as now constituted. The arguments in favor of the commission were given at that time and Mr. Fuller's report could receive at the hands of such a body the necessary consideration commensurate with its importance. The only advice to heed, and that for some time to come, is that given by the health department, "Boil the water for home consumption."

The Editor of the Medical Record Retires.

DR. GEORGE F. SHRADY, the distinguished and learned editor of the *Medical Record*, announced his retirement from the editorial field in his journal for August 6, 1904. This notice came as a surprise to the journalistic world, though doubtless his immediate associates had received some preliminary intimation of his intention to resign.

The career of Dr. Shrady, both editorial and professional, has been an eminent one and for the past thirty-eight years he has kept in touch with the progressive science of medicine and surgery throughout the world, promulgating through the columns of the *Medical Record* whatever of value has been discovered that would serve to make for improvement in medicine and medical education.

Dr. Shrady was singularly fitted by training and education for establishing upon a sound and substantial basis the leading medical weekly in America. It is no disparagement to those influential journals which have been established since the birth of the *Medical Record*, to claim for that periodical and its editor a foremost place in the editorial and journalistic field. He has, indeed, become the dean of the American medical editorial corps.

We cannot forget, among the many excellent causes the *Medical Record* has championed, that Dr. Shrady has ever been the friend and advocate of higher medical education; that during the long struggle to establish state examinations for license the columns of the *Medical Record* bristled with editorial articles supporting the measure; and that, during the later discussions regarding reciprocity and medical licensure, some of which were quite sophomoric in their attacks on the system prevailing in this state, Dr. Shrady's pen was wielded in favor of maintaining the New York standard.

It has been the privilege of the editor of this journal to enjoy Dr. Shrady's personal acquaintance for twenty-five years, and we feel that his retirement is in a degree a personal loss. The JOURNAL, however, extends its congratulations upon his release from the perturbations of editorial life and trusts that his years may be many in this land of peace and plenty; and, further, that he may continue to lend his powerful influence in favor of all that goes to make the American medical profession stronger and better.

The Saint Louis World's Fair — A Physician's Hostelry.

ONE of the great objections raised against expositions of late is the lack of comfortable hotel accommodations at reasonable rates. This is a topic of special interest to physicians who always expect to pay liberally for comfortable quarters, but do not tolerate extortion. For the most part they prefer a hotel to a boarding house, hence are prepared to pay reasonable hotel prices.

This important subject has its bearing, too, on the success or failure of an exposition; therefore, accurate information is most desirable. Physicians would often make a visit to such an exhibition as a part of their summer vacation, could they have the accurate information in advance upon the point in question. We propose to put our readers in possession of sufficient facts bearing on this topic, as far as they relate to the Saint Louis Fair, to enable them to act with intelligence in regard to it.

The Hotel Monticello, situated at the Kingshighway and Pine Boulevard, on the edge of Forest Park, meets all the requirements that we have indicated. It is a modern structure, built of substantial brick, hence is in no sense a temporary hotel. It is well ventilated, heated by steam, with running hot and cold water in every room, baths between each apartment, and is supplied with Bell telephones throughout the house.

A correspondent of a leading American newspaper writing under date of July 12, 1904, of hotels at Saint Louis in general, says of the Monticello in particular:

My hotel was on the great Park Front boulevard of the city, known as Kingshighway. Flanking it on every side were beautiful hotels, overlooking the wide shades and classic comforts of millionaire residences, private parks, and, best of all, the great and beautiful Forest Park. These surroundings made me comfortable at the fashionable, but old-fashioned and delightful Monticello.

This hotel affords its guests free automobile service on their arrival at the Union Station, which is, of course, exceptional, treats them not as strangers, but as friends, and delights every one with its hospitality.

The Monticello is kept on the European plan, and any physician in Buffalo or vicinity who contemplates visiting the fair, can make no mistake in securing accommodation at this most desirable hotel. The location is one of the best, being ten minutes' walk from the fair grounds through Forest Park; there is also an automobile service every 15 minutes, as well as electric trolley lines which keep the guests in constant touch with the great exhibition.

Applications for reservation of rooms should be made to Mr. L. C. Irvine, manager, who will supply prompt information relating to every need of prospective guests.

"The New York Standard."

UNDER this title the *Columbus Medical Journal*, in its August issue, discusses the methods in vogue in this state with reference to the examinations for state medical licensure with a candor and intelligence that is most gratifying. Especially is this the case when we recall the many spasmodic, if not hysterical, attacks made upon the New York method, under cover of the "reciprocity" special pleadings, by the sophomoric editors in the middle and remoter west, who display meager knowledge of the subject. We take pleasure in reproducing the article in question in its full text:

The standard exacted by the regents of New York for that state is that no college shall be recognised by the board which does not make four years of actual attendance upon medical lectures a prerequisite to graduation for all students. Colleges, therefore, which give advance standing to graduates of literary colleges will not be recognised in that state and their graduates

even those who have taken the full four years' course, will not be permitted to the examinations. So far as appears in their several announcements, the Ohio Medical University is the only one of the Ohio colleges that has thus far adopted the new standard. It is to be hoped that other colleges of the state will soon make the same requirement, and that the State Board of Medical Registration and Examination will adopt this four years' standard. The standard is none too high, but the advance must be made all along the line. In a state like Ohio with medical colleges so generally distinct from literary colleges it makes the two courses cover eight years, but steps could soon be taken to provide for the seven years' complete course. The standard set by New York, if maintained, will no doubt be followed by other states, and will be far-reaching in its influence. It is not the intention of the new standard to ignore the advantages of literary education, but rather to maintain the integrity of the four years' medical course. Hitherto, pride in the classic literary course with many of the older institutions, shut out electives, and made it cover four full years, and then, providing certain sciences entered into this literary course, it has hitherto been assumed that the medical course could be completed in three years. But it is found that students with advanced standing labor under disadvantages, and have not been able to do the work well. Anatomy, physiology, bacteriology and histology, which are rarely—it may be said are never—taught in literary (distinct from medical) colleges, and the other three years are crowded full of medical studies, chemistry being about the only study which has been well mastered in the literary course. The loss of a year's work in these important fundamental branches has been found to seriously handicap the brightest minds; they will lack, notwithstanding their superior literary education, that ready grasp and insight, that poise and self-confidence which characterise the student who is well grounded in first year's anatomy, chemistry, physiology, histology and bacteriology. Therefore the New York State Board has decided to recognise no college that does not maintain the full four years' course for all students, giving advanced standing to none, credit being given, however, for all work actually done.

One result of this action will be to bring literary and medical colleges closer together; the former will probably find that they can place first year medical studies as electives late in a literary course for those who desire to begin the study of medicine and permit their students to elect medical studies for their last year and pursue them in some accredited medical college, thus enabling students in Ohio, where we have so many independent colleges, to complete the two courses in seven years, receiving the bachelor's degree from the literary college at the end of the first year's medical course. This would create a bond of interest between the literary and medical colleges which would in

time doubtless lead to the mergement of the latter into favorably located literary universities, a decided gain for the cause of education.

The Ohio State Board can greatly promote the cause of medical education and elevate the profession in Ohio by adopting a like requirement. It would place a premium upon thorough preparation for the medical profession, preserve the integrity of the medical course, and make it easier to raise the entrance requirements for those who were not college graduates. The members of the profession should interest themselves in this matter and urge upon the state board that this advanced step be taken at an early date.

PERSONAL.

Dr. John H. Grant, of Buffalo, was elected surgeon of the United Spanish War Veterans at the state encampment recently held at Albany. We publish elsewhere in this edition an important paper from Dr. Grant's pen, read at the semiannual meeting of the Medical Society of the County of Erie in June, entitled, "Adulteration of Food and Food Products." This is a subject with which every physician should familiarise himself and Dr. Grant handles it from the standpoint of a master.

Dr. Augustus G. Pohlman, of Ithaca, a graduate of the University of Buffalo in 1900, has resigned an instructorship at Johns Hopkins University to accept an appointment as assistant professor of anatomy in the University of Indiana, located at Bloomington in that state.

Dr. Frederick H. Millener, of Buffalo, has established a laboratory in connection with his nose and throat work, for the diagnosis and treatment of diseases and injuries by means of the various forms of light, such as Finsen's, x-ray and ultra violet light. Office, 724 Main street.

Dr. Sidney D. Wilgus, a graduate of the University of Buffalo in 1895, has been appointed by the state lunacy commission as chief examiner of the state board of alienists. This board, in coöperation with the United States examiners, will examine all emigrants who arrive at the port of New York, who are sus-

pected of epilepsy, imbecility, or any form of insanity. All persons afflicted in this manner are deemed unfit to remain and are returned to their own country. Dr. Wilgus will receive $5,000 a year and has as assistants, Dr. George D. Campbell, of New York, and Dr. W. E. Sylvester, of College Point.

Dr. Edward Clark, of Buffalo, assistant commissioner of health, who has been for some time under treatment at Dr. Dunham's private hospital, suffering from multiple neuritis, is reported convalescent. Dr. Clark expects to resume his practice in a short time.

Dr. Eugene Smith, of Detroit, has returned from his annual European visit and resumed his ophthalmological practice. He read a paper before the American Academy of Ophthalmology and Oto-laryngology at its annual meeting held at Denver, August 24-26, 1904, entitled, "Removal of the Anterior Capsule and the Hypodermatic use of Morphia in simple Extraction."

Dr. Bernard Panzer, of Vienna, was recently the guest of Dr. George F. Cott, in this city. Dr. Panzer addressed the Roswell Park Medical Club on "Diseases of the Accessory Sinuses of the Nose in Children."

SOCIETY MEETINGS.

The American Neurological Association will hold its next annual meeting at the Planters' Hotel, Saint Louis, Thursday, Friday and Saturday, September 15, 16 and 17, 1904, under the presidency of Dr. J. J. Putnam, of Boston. Daily sessions will be held from 9 a. m. to 1 p. m. The secretary is Dr. Frank R. Fry, of Saint Louis. A general invitation to attend this meeting is extended to the medical profession.

The American Association of Obstetricians and Gynecologists will hold its seventeenth annual meeting at The Hotel Monticello, Saint Louis, Tuesday, Wednesday, Thursday and Friday, September 13, 14, 15, and 16, 1904, under the presidency of Dr. Walter B. Dorsett, of Saint Louis. Daily sessions will be held from 9 to 1.30; no afternoon or evening sessions will convene during this meeting, the purpose being to afford the members ample opportunity to visit the World's Fair. A cordial invitation is

extended to the medical profession, resident and visiting in Saint Louis and vicinity, to attend the several scientific sessions of the association.

The Fourth Pan-American Medical Congress, which was appointed to be held at Panama during the later part of December of the present year, has been postponed until the first week in January, 1905, the dates being from the fourth to the seventh of that month.

This was done at the request of many physicians who proposed to attend it, as they desired to be at home with their families during the Christmas holidays.

The delegates from this side of the continent will therefore leave on Tuesday, December 27, if they go down from New York by the regular Pacific Mail Lines, or at other dates if they go by way of New Orleans or Jamaica. The dates of sailing from the Pacific Coast have not yet been ascertained. The Congress will be held from the fourth to the seventh of January.

The officers of the Congress, appointed by President Amador, of the Republic of Panama, are: Dr. Julio Icaza, Dr. Ciro Uriola, Dr. J. Calve and Dr. Carlos Cooks. Panamanians; Dr. Gorgas, chief of the Panama Canal Sanitary Commission; Drs. Carter and Ross, Americans; Dr. Manuel Corales, Cuban; Dr. M. Stern, English, and Dr. Oduber, Dutch.

This Congress bids fair to be the most successful Pan-American Medical Congress that has ever been held, on account of the central situation of Panama and its easy approach from both sides of North America, Mexico, and the Central American Republics, as well as from the countries on the north and west sides of South America.

There will be but four sections at this Congress—surgery, medicine, hygiene and the specialties.

Further particulars may be obtained by addressing Dr. Ramon Guiteras, secretary of the International executive committee, 75 West 55th street, New York.

The American Medical Editors' Association held its annual meeting at Atlantic City, June 6 and 7, 1904, under the presidency of Dr. C. E. de M. Sajous, Philadelphia. A number of new members were enrolled and several papers of interest were read. Resolutions were passed commending the action of Mr. Edward Bok, editor of the *Ladies Home Journal,* in the stand he has taken relating to the advertising and use of patented nostrums.

Memorial resolutions were adopted upon the death of Dr. Isaac N. Love the former president of the association and late editor of the *Medical Mirror*. The following-named officers for the coming year were elected: president, Harold N. Moyer, Chicago; first vice-president, C. Evelyn Pilcher, Carlisle, Pa.; second vice-president, O. F. Ball, Saint Louis; secretary and treasurer, J. MacDonald, Jr., New York; executive committee, C. E. de M. Sajous, chairman, John Punton, W. A. Young, W. C. Abbott, H. M. Simmons, C. F. Taylor and Charles Wood Fassett.

The International Congress of Arts and Sciences will convene on the grounds of the Louisiana Purchase Expositions, Saint Louis, September 19-25, 1904, under the presidency of Dr. Simon Newcomb. The organisation of the congress is under the supervision of the Director of Congresses, Professor Howard J. Rogers, first assistant commissioner of education of the state of New York. There are twenty-four departments dealing with various topics relating to art and science.

After the opening of the congress on Monday afternoon, September 19, will follow, on Tuesday forenoon, addresses on main divisions of science and its applications, the general theme being the unification of each of the fields treated. These will be followed by two addresses on each of the twenty-four great departments of knowledge. The theme of one address in each case will be the Fundamental Conceptions and Methods, while the other will set forth the progress during the last century. The preceding addresses will be delivered by Americans, making the work of the first two days the contribution of American scholars.

On the third day, with the opening of the sections, the international work will begin. About 128 sectional meetings will be held on the four remaining days of the congress, at each of which two papers will be read, the theme of one being suggested by the relations of the special branch treated to other branches; the other by its present problems. Three hours will be devoted to each sectional meeting, thus enabling each hearer to attend eight such meetings, if he so desires. The program is so arranged that related subjects will be treated, as far as possible, at different times. The length of the principal addresses being limited to forty-five minutes each, there will remain at least one hour for five or six brief communications in each section. The addresses in each department will be collected and published in a special volume.

Department No. 17 deals with medicine, under the following general scheme of sections, officers and speakers:

Chairman, Dr. William Osler, Johns Hopkins University; speakers, Dr. William T. Councilman, Harvard University; Dr. Frank Billings, Rush Medical College.

Section a. Public Health—Chairman, Dr. Walter Wyman, Surgeon-General of the U. S. Marine Hospital Service; speakers, Prof. William T. Sedgwick, Massachusetts Institute of Technology; Dr. Ernst J. Lederle, former commissioner of health, New York City.

Section b. Preventive Medicine—Chairman, Dr. Joseph M. Mathews, president of the State Board of Health, Louisville, Kentucky; speakers, Prof. Ronald Ross, F. R. S., School of Tropical Medicine, University College, Liverpool; Prof. Angelo Celli, University of Rome.

Section c. Pathology—Chairman, Prof. Simon Flexner, Director of the Rockefeller Institute; speakers, Prof. Ludwig Hektoen, University of Chicago; Prof. Johannes Orth, University of Berlin.

Section d. Therapeutics and Pharmacology.—Chairman, Dr. Hobart A. Hare, Jefferson Medical College; speakers, Sir Lauder Brunton, F. R. S., London; Prof. Oscar Liebreich, University of Berlin.

Section e. Internal Medicine.—Chairman, Prof. Frederick C. Shattuck, Harvard University; speakers, Prof. T. Clifford Allbutt, F. R. S., University of Cambridge; Prof. William S. Thayer, Johns Hopkins University.

Section f. Neurology.—Chairman, Prof. Lewellys F. Barker, University of Chicago; speakers, Prof. Shibasaburo Kitasato, University of Tokio; Prof. James J. Putnam, Harvard University.

Section g. Psychiatry.—Chairman, Dr. Edward Cowles, Boston; speaker, Dr. Charles L. Dana, Cornell University, New York.

Section h. Surgery.—Chairman, Prof. Carl Beck, Post-Graduate Medical School, New York; speaker, Dr. Frederick S. Dennis, Cornell Medical College, New York City.

Section i. Gynecology.—Chairman, Prof. Howard A. Kelly, Johns Hopkins University; speakers, Dr. L. Gustave Richelot, Member of the Academy of Medicine, Paris; Prof. John C. Webster, Rush Medical College, Chicago.

Section j. Ophthalmology.—Chairman, Dr. George C. Harlan, Philadelphia; speakers, Dr. Edward Jackson, Denver; Dr. George M. Gould, Philadelphia.

Section k. Otology and Laryngology.—Chairman, Prof. Wm. C. Glasgow, Washington University, Saint Louis; speakers, Sir

Felix Semon, C. V. O., Physician Extraordinary to His Majesty, the King, London; Dr. J. Solis-Cohen, Jefferson Medical College.

Section I. Pediatrics.—Chairman, Prof. Thomas M. Rotch, Harvard University; speakers, Prof. Theodore Escherich, University of Vienna; Prof. Abraham Jacobi, Columbia University.

COLLEGE AND HOSPITAL NOTES.

The Mercy Hospital, situated on Tifft street, Buffalo, was opened for the reception of patients the latter part of August. This building was formerly the home of William J. Connors and several changes have been made to make it conform to the needs of such an institution. About fifty patients can be accommodated and additional buildings will be put up as circumstances may require. The location is one of the best for hospital purposes, having ample grounds in an open region away from the crowded streets and avenues of the city.

On the first floor of the building are four wards, opening off the main hall, and opposite are the office, pharmacy, three private rooms and an operating room. A diet kitchen and lavatory complete the hospital suite of this floor.

Ten private rooms, with diet kitchen, dumb-waiter and lavatory, are on the second floor, and on the third are the sisters' apartments and the chapel. The two first floors open on to wide verandas, making a pleasant resting place for convalescent patients.

In the rear of the hospital a building is to be erected which will contain a dining-room and kitchen, so that no odor of cooking will reach the patients. The building will be lighted both by electricity and gas, and will be heated by steam. Many of the private rooms and all the wards have open grates, which will be pleasant on early autumn evenings, and will at the same time serve as excellent ventilators.

The hospital grounds have a frontage of 200 feet, and although the building will be of sufficient size to begin the hospital work of the Sisters of Mercy, they intend to enlarge it by additional buildings as already stated. The entire cost of ground, building and repairs has amounted to about $14,000. Excepting the hospital at the Steel Plant, conducted by the company, there is none nearer than the Emergency.

The medical department of the University of Buffalo will begin its fifty-ninth annual session Monday, September 26, 1904, to con-

tinue thirty weeks. The advance registration indicates a large attendance and the college was never in better condition to render adequate instruction than at the present time.

Some changes in the governing faculty have taken place since the last announcement. Professor John Parmenter has resigned the chair of anatomy and the secretaryship of the faculty, retaining, however, the professorship of clinical surgery, his name being placed at the head of the associate faculty. Professor Herbert U. Williams has been promoted from the associate to the governing faculty and retains the title of professor of pathology and bacteriology and curator of the museum. Professor Herbert M. Hill has been appointed secretary of the faculty, at the same time retaining his chair as professor of chemistry, toxicology and physics. The college is prepared to give a four years' graded course with superb laboratory and clinical instruction.

Dr. John Punton, superintendent of the Punton Sanitarium, located at Kansas City, Mo., announces that in response to an increased demand for accommodations by patients he is building a large addition to the institution over which he presides, and otherwise improving it with a view to making it one of the best of its kind in the country.

BOOK REVIEWS.

Proceedings of the American Medico-Psychological Association at the fifty-ninth annual meeting held at Washington, D. C., May 12-15, 1903. C. B. Burr, M. D., Secretary. Published by the Association. 1903.

Since the association whose annual volume of transactions is now being considered is at once the oldest and largest of the special medical societies, it is only reasonable to expect that it should contain a large mass of excellent material. Among such a group of interesting papers it is impossible to review adequately any one, much less all, but Stephen Smith presented one that will attract attention not less from the historical value it possesses, than the scientific interest it generates. The summary of Dr. Smith's paper we present below does imperfect justice to the original, which should be read to be appreciated.

The trial of William Freeman, a negro, for the murder of the Van Ness family near Auburn, was a cause célèbre in the administration of criminal justice in the middle of the last century. The crime was committed March 12, 1846, when, without notice or apparent motive Freeman, lately discharged from state's prison,

killed John G. Van Ness, Mrs. Van Ness, an infant, Mrs. Van Ness's mother, and as then believed mortally wounded a laboring man who dwelt in the house,—a maid servant only escaping. The murderer was arrested, confessed the deed, but showed no signs of regret; indeed, he laughed during the recital of the incidents of the murder, betraying unmistakable signs of mental aberration.

The excitement was intense; the people revolted against the probable plea of insanity that might be made to secure acquittal of the prisoner, causing the sheriff to adopt vigorous means to protect him from the vengeance of the crowds at the jail, threatening to lynch the criminal. Hon. William H. Seward, who had already served two terms as governor and was destined to a larger fame, volunteered to defend Freeman, after becoming convinced from a careful study of the case that he was hopelessly demented.

Governor Seward had but lately secured the acquittal of a prisoner charged with murder, on the plea of insanity, and this only served to increase the feeling against a possible similar result in the present case, making the self-imposed task of Mr. Seward all the more difficult.

When the case was brought to trial the district attorney of Cayuga County, realising Mr. Seward's powerful influence and great ability, invoked the aid of the Attorney-General, Hon. John Van Buren, in conducting the prosecution. Mr. Van Buren, son of former president Martin Van Buren, was at the height of his popularity both as a lawyer and politician. He was familiarly known as "Prince John," and was a forensic and campaign orator of force and skill. The court-room was crowded to the doors and the two eminent counsel added interest to the proceedings, which had become almost dramatic in character.

The theory of the defense, as may be presumed, was insanity,—a plea that at the period of this trial had not reached the stage of abuse. Dr. Amariah Brigham, superintendent of the asylum for the insane at Utica, then the most famous alienist in America, was summoned for the prisoner. He had seen the prisoner once before the trial and unqualifiedly pronounced him mentally irresponsible. The application of counsel for the defense to permit Dr. Brigham to further examine and study the prisoner's condition was denied, a circumstance that served to accentuate the strained conditions that were arising. Dr. Brigham's testimony being regarded as the determining evidence, all eyes turned to him as he entered the witness box. He is described as a tall, spare man, with smooth, expressionless face, piercing eyes, and with a mien and bearing indicating intellectual superiority, with perfect self-control. He described, in response to Mr. Seward's questions, the symptoms of dementia at length, and gave with great clearness his reasons for determining that this special form of insanity afflicted the defendant. In the course of the direct examination he

astonished the court and spectators by asseverating that he could diagnosticate insanity at sight, having often determined, he said, its absence when feigned, by simple observation without asking a question.

Attorney-General Van Buren, an adroit cross examiner, now took possession of the witness and addressed himself to the destruction of the splendid line of mental fortifications set up by Dr. Brigham, seeking by quibble and stratagem to neutralise the effect of the testimony he had given. Literature, science, history and philosophy, one and all, were invoked by turns to aid in the possible discovery of some weak point where a breach might be made in the armature of the witness, but in vain; on the other hand the learned counsel was frequently hoist with his own petard, so ready was Dr. Brigham in parrying his thrusts, often to the discomforture of the great lawyer. We cannot illustrate this phase of the trial better than to quote from the record:

"Is suicide contagious?" asked the counsel.

"I think it was in the French army until Napoleon put a stop to it," the witness replied. It is stated that a titter ran through the audience and the Attorney-General renewed the charge.

"Is hysterics contagious?" he asked.

"It seems to be catching," the doctor placidly said.

"Suppose, doctor," said the counsel, with a sneer, "that I should go out and steal a hundred dollars and then come in again and sit down here, would you swear I was insane?"

"I think I should," calmly replied the doctor.

The examination soon, however, assumed a more professional character, and Mr. Van Buren began to search into the details of the methods by which the witness proposed to diagnosticate insanity at sight. In answer to a question Dr. Brigham stated that he relied largely upon the features of a patient, which he studied closely.

"Which feature do you rely on in your diagnosis?" queried the counsel.

"I rely on no one feature, but study them as a group," was the answer.

"Do you rely on the chin," he was asked. "No," he said. "Do you you rely on the nose?" was the next question. "No," he said, "Do you rely on the ear?" the counsel persisted. "No," said the witness. "Do you rely on the cheek?" was the next tantalising question. "No," was the answer. "Do you rely on the mouth?" the counsel continued. "Very much," said the doctor. "Do you rely on the eyes?" was the next question. "Still more than on the mouth," the witness answered. "If, then, this prisoner were concealed all but his mouth or his eyes, you affirm that you could decide accurately whether or not he is insane?" queried Mr. Van Buren. "No, I do not state that: I must see all of the features at once," the witness urged. For a considerable time the astute Attorney-General dwelt on the features of different persons, endeavoring by his wit and sarcasm to throw the utmost ridicule upon the witness's method of detecting insanity at sight. With passive countenance and in the most quiet, self-possessed manner the witness answered all the questions, exhibiting not the slightest irritation at the gibes and jeers of the wily and witty counsel, as he held up to ridicule before the jury Doctor Brigham's new method of diagnosing insanity.

It is needless to say that by this time the interest of all concerned in the trial—court, jury, counsel,—as well as the great audience had reached a high pitch of nervous tension that was painful to endure and difficult to repress. The climax finally came however, when the Attorney-General, with impetuous heat and startling emphasis, demanded of the witness: "What! do you affirm that you can diagnosticate insanity at sight?" "I do," was the firm and dignified reply. Striding toward the witness, with thumbs thrust into the arm-holes of his waistcoat (a fashion much in vogue in those days) the great lawyer, turning toward the jury and spectators with a grandiose air commanded the learned doctor to "Point out to the court and jury an insane person in the audience." Now came the critical test of the competency of the witness, and he accepted the challenge without hesitation, confident in his ability to triumph.

Thus far we have given an abstract of Dr. Smith's graphic account, with the exception of two or three paragraphs quoted in full. Now, we prefer to let the distinguished narrator, who was present, describe the scene that followed in his own words:

A breathless silence fell upon the court room. The venerable judge raised his glasses to his forehead and surveyed the excited mass of people about to undergo the ordeal of an examination as to their sanity. The large number of legal gentlemen within the bar arose to their feet and gazed at the crowded hall and passageways with intense curiosity. The spectators were simply awe-stricken when they realised that the crucial test was to be applied to them, and, being one of the number, I still feel the thrill of horror I experienced.

Doctor Brigham arose from his chair very deliberately and stood for a moment surveying the people, as if to determine where to begin his scrutiny. He was as white and emotionless as a marble statue. Turning slowly to the left or first tier of seats he began a deliberate survey of the spectators, scanning the features of each one with the apparent confidence that he could detect the faintest traces of insanity. As his keen, searching eyes glanced from tier to tier of seats the suspense was simply unendurable. He had reached the middle aisle and yet no one had been pointed out as insane. Five hundred faces had been scrutinized and no group of individual features had responded to the test. That portion of the audience at least breathed more freely. An incredulous smile began to play about the mouth and light up the mobile features of the Attorney-General while a greater earnestness of manner and intensity of scrutiny were apparent in the witness. Deep furrows appeared on his pallid face, and his eyes assumed a piercing brilliancy which made every one shrink on whom his gaze was momentarily fixed. I felt myself transfixed when I realised that my face was focalised on his vision, and I experienced a sense of the greatest relief when I saw that I had safely passed the trying ordeal. A sigh of relief followed along the rows of seats as the glance of the great expert swept over them. The area of faces still to be examined was now rapidly diminishing, and but one-fourth of the audience remained to be scanned. It was apparent that thus far either there was no insane person in the crowd, or if there was, the witness had failed to detect such person, and hence had failed to answer the practical test to which he had been challenged by the prosecution and which he had accepted without protest.

Suddenly the wandering eyes of the expert became fixed; his features relaxed and assumed their customary impassiveness, and it was evident that he had discovered the object of his search. Stretching out his long arm and

pointing with his finger toward a person on one of the rear tiers of seats, he quietly said, "There is an insane man." At the instant a man, as if struck with a bullet, sprang from his seat and, wildly gesticulating and shouting a volley of oaths against any one who would call him insane, rushed down the aisle toward the bar. The judge rose hastily from his chair as if about to escape, the lawyers were panic-stricken and mingled with the crowd; but Doctor Brigham stood perfectly self-possessed, while the officers struggled with the lunatic in their efforts to remove him from the court-room.

The whole scene was intensely dramatic and the termination was a surprising ovation for the triumphant actor, Doctor Brigham. The prosecution was completely nonplused, and the witness was allowed to retire without further tests of his ability as an authority in the diagnosis of insanity at sight. The man who was pointed out as insane proved to be a harmless lunatic who had strayed into court from a neighboring livery stable. To break the force of Doctor Brigham's successful test, however, the prosecution circulated the report that Mr. Seward, in anticipation of this test being made, had caused the insane man to be placed in that seat, and that Dr. Brigham had previously seen him. This absurd story only heightened the effect of the favorable impression which Doctor Brigham's successful answer of the challenge of the Attorney-General made upon the court, jury, and the people.

The final issue of the case was the conviction of the criminal for murder in the first degree. Public feeling would admit of no other verdict. He was not executed, but died in prison, demented to idiocy. An autopsy confirmed the correctness of the defense—insanity.

We have given much space to this narrative because, first, it relates to an important historic cause that involved scientific facts, almost forgotten at the present day; and, second, it will, we trust, prove of interest to the younger portion of our readers who are not acquainted with the medico-legal points developed in this celebrated trial; and, finally, because it cannot but prove interesting reading to all who may be called as experts to the witness stand.

American Edition of Nothnagel's Practice. Diseases of the Intestines and Peritoneum. By Dr. Hermann Nothnagel, of Vienna. Edited, with additions, by Humphrey D. Rolleston, M. D., F. R. C. P., Physician to Saint George's Hospital, London, England. Octavo, 1032 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $5.00 net; half-morocco, $6.00 net.)

American physicians are not slow to take advantage of the best foreign literature, even though the productions of their own countrymen are of the best. The name of Nothnagel has been associated always since his earliest contributions, with the best medical literature and passes among physicians as genuine coin-current of recognised value.

Diseases of the intestines and peritoneum have possessed increased interest since surgery opened the way to the accurate diagnosis and successful treatment of many maladies formerly regarded as hopeless. It may be said, in general, that this treatise considers with intelligence and skill every known disorder that may affect the intestinal tract or peritoneum with an accuracy of

detail that commends it to those who practise internal medicine, whether as family advisers or as consultants. The name of Humphrey D. Rolleston, which is attached as editor, is a guaranty of completeness from the English standpoint, while that of Alfred Stengel, as American editor, completes a trio of distinguished names that speak for the best work in the three principal countries of the world.

The editorial additions include sections on intestinal sand, sprue, ulcerative colitis, and idiopathic dilatation of the colon. Appendicitis and peritonitis have been given unusual space, treatment and diagnosis receiving exhaustive consideration. The section on intussusception has been greatly enlarged by the invaluable additions of D'Arcy Power, of England, who has made this subject particularly his own. There are twenty inserts of great merit.

Roxtgen Ray Diagnosis and Therapy. By Carl Beck, M. D., Professor of Surgery in the New York Post-Graduate Medical School and Hospital; Visiting Surgeon to Saint Mark's Hospital and the German Poliklinik. Octavo, pp. 479, with 322 illustrations. New York and London: D. Appleton & Co. 1904. (Price, $4.00.)

This is a well arranged and useful book professedly for beginners, and is designed to afford the means of acquiring the necessary training in *x*-ray diagnosis and therapeutics. It is divided into three sections,—the first is wholly technical in character—special attention being given to apparatus, Röntgen technic, fluoroscopy, skiography and examination of the patient.

The second is clinical in its contribution with special stress laid upon the importance of a thorough knowledge of the anatomy and pathology of the various regions of the body, so that the part examined may be properly placed and the result correctly interpreted, while the third section is devoted to the effects of the Röntgen rays, which is well worth perusal, as the author presents the numerous cases in detail, thus rendering his report more valuable. The book is well written and thoroughly illustrated. The photographic reproductions are distinct and deserve consideration.

E. W.

A System of Practical Surgery. By Prof. E. von Bergman, M. D., Berlin, Prof. P. von Bruns, M. D., Tübingen, and Prof. J. von Mikulicz, M. D., Breslau. Volume II Surgery of the Neck, Thorax and Spinal Column. Translated and edited by William T. Bull, M. D., Professor of Surgery, College of Physicians and Surgeons, New York, and Carlton P. Flint, M. D., Instructor in Minor Surgery. Royal 8vo., pp. 820. Illustrated. Lea Brothers & Co., New York and Philadelphia. 1904. (Price: cloth, $6.00; leather, $7.00; half morocco, $8.50, net.)

The successful issue of a new work on surgery is an achievement deserving of praise. The prompt translation into Spanish, Italian and English bears testimony of the worth of this one. The second volume deals with the surgery of the neck, thorax, and

spinal column, under three general divisions of each topic,—malformation, injuries and diseases.

Particular interest will attach to the sections relating to malformations, diseases, and injuries of the thorax, mammary glands, spinal cord and vertebral column. Of late injuries to the spine, even to the extent of involving the cord, have become in many instances amenable to surgical skill. Professor Henle has contributed the section on this topic, hence it contains not only the latest observations pertaining to it, but the most authoritative surgery as well,—two considerations that serve to justify the praise which the article is receiving. Indeed, these remarks may well be applied to the other sections of the work, which everywhere evinces the careful preparation of experience. This second volume complements the first and proves the usefulness and propriety of this comprehensive surgical treatise.

A Guide to the Clinical Examination of the Blood for Diagnostic Purposes. By Richard C. Cabot, M. D. Octavo, pp. 369. Illustrated. Fifth revised edition. New York: William Wood & Co. 1904. (Price, $3.50.)

It is almost three years since the fourth edition of this most useful diagnostic aid was presented to the profession. Hematology, like other topics that may claim kinship, has advanced as might be expected proportionately to the general science of medicine, and Cabot, as might be expected of so scientific an investigator, has kept abreast of this progress. He has made changes in this edition to meet the introduction of the "Romanowsky" staining method, as applied to the routine of blood examinations. The colored plates, illustrating this method, are artistic exhibitions of both the method of examination of the blood and the color lithographic engraving.

The additions to the chapters on infectious diseases and blood parasites are such as to keep Cabot's work abreast of the progress-making in this field, and to keep the reputation of the book up to the standard it established for itself in the beginning,—the best.

A Practical Treatise on Medical Diagnosis for Students and Practitioners. By John H. Musser, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth edition, revised and enlarged. Octavo, pp. 1213; 595 engravings and 63 colored plates. Philadelphia and New York: Lea Bros. & Co. 1904. (Price, cloth, $6.50; leather, $7.50; half morocco, $8.00 net.)

From the first Musser's Medical Diagnosis has been an advocate of the clinical laboratory as an aid to accuracy, and the author enjoys the supreme satisfaction of seeing this method come into vogue both as to public and private practice.

The several sections of the book consider in their order of sequence, general considerations, including data, methods, objects, morbid processes and their symptomatology; historical, subjec-

tive, objective, physical, laboratory, and special diagnosis. The teaching of the book all the way through is precision; only by observing accuracy of observation and method can this be obtained; hence, Musser counsels the most untiring effort and indefatigable energy in the direction of precision.

This edition represents a thorough revision of the entire topic, and brings the various methods of diagnosis in all their details forward to the immediate present. It is by far the best illustrated treatise on diagnosis excepting, perhaps, Glentworth R. Butler's, and is quite the largest yet issued. In spite of an attempt to keep the size of the book within the limits of former editions, so much of importance has developed in this field of late that Musser has felt compelled, however reluctantly, to increase the size of the book, until now it contains over 1,200 pages. Yet, in the face of this fact it does not seem unwieldly because, in part, it is so interesting, and in other part it does not contain a verbose sentence or an unnecessary phrase.

It is about as necessary for student and physician to possess Musser's treatise on diagnosis as to have in his library a standard work on human anatomy.

A Reference Handbook of the Medical Sciences...Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M. D., New York City. Nine volumes, imperial octavo. Volume VIII. Illustrated by chromolithographs and 435 half-tone and wood engravings. New York: William Wood & Co. 1904. (Price, muslin, $6.00 per volume; leather, $7.00 per volume; half morocco, $8.00 per volume.)

The final volume of this great work is a worthy companion of its predecessors. It embraces the titles from U M B to Z Y M inclusive. Included, of course, in this alphabetical limit is all the recent literatures on the urethra, urine and urinary bladder, uterus, vagina and vaccination. A most exhaustive contribution on the urine is from the pen of Alfred C. Croftan, Chicago; another, on the uterus is by Henry D. Beyers, Philadelphia; and still another on vaccination, is by Samuel W. Abbott, Boston. These three articles are well worth the price of the volume. About one third of this volume is given to an appendix containing the advances and improvements that have taken place since the other volumes were issued. A copious index completes this most excellent number and is a fitting finale to one of the most comprehensive and useful reference works that has ever been issued. The profession of medicine owes a debt of gratitude to the indefatigable editor, the accomplished Dr. Buck, and to the publishers, William Wood & Company,—to the one for his untiring labors in the interest of scientific medicine and the others for their willingness to engage in such an enterprise involving the investment and tying up of large capital before returns could come in.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Volume II. Fourteenth series. 1904. Philadelphia: J. B. Lippincott Company. Cloth, $2.00.)

This number contains nine articles on the diseases of warm climates; four articles on treatment; three articles on medicine; five articles on surgery; one article on pediatrics; and one on rhinology. Among the foreign contributors are James Cantlie, of Edinburgh; Andrew Duncan, of London; C. Jarvis, of Paris; and S. Kanellis, of Athens. The home contributors include Frank Billings, Charles Greene Cumston, Daniel Eisendrath, Eli H. Long, Miles F. Porter, and James Edwin Thompson. Many others of distinction have also contributed to the book.

It is a practical volume, well illustrated, and is worth considerably more than the small price placed upon it by the publishers.

BOOKS RECEIVED.

The Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A. M., M. D., President of the American Gynecological Society; Professor of Gynecology, Northwestern University Medical School, Chicago. Octavo, pp. 771. With 419 illustrations in colors and monochrome, of which 18 are full-page plates. Philadelphia and New York: Lea Brothers & Co. 1904. (Price, cloth, $5.00; leather, $6.00; half morocco, $6.50, net.)

The Theory and Practice of Infant Feeding. With Notes on Development. By Henry Dwight Chapin, A. M., M. D., Professor of Diseases of Children at the New York Post-Graduate Medical School; attending physician to the Post-Graduate, Willard Parker and Riverside Hospitals. Second edition, revised. Octavo, pp. 353. Illustrated. New York: William Wood & Co. 1904.

Radiotherapy and Phototherapy, including Radium and High Frequency Currents. Their Medical and Surgical Applications in Diagnosis and Treatment. By Charles Warrenne Allen, M. D., Professor of Dermatology in the New York Post-Graduate Medical School. Octavo, 618 pages, 131 engravings and 27 plates. Philadelphia and New York: Lea Brothers & Co. 1904. (Cloth, $4.50, net.)

Normal Histology. By Edward K. Dunham, Ph. B., M. D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (3d) edition, revised and enlarged. Octavo, 334 pages, with 260 illustrations. Philadelphia and New York: Lea Brothers & Co. 1904. (Cloth, $2.75, net.)

A Textbook of Pathology. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Pathologist to the Medico-Chirurgical Hospital. Handsome 8vo volume of 818 pages, with 350 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Cloth, $5.00 net; sheep or half morocco, $6.00 net.)

The Optical Dictionary. Edited by Charles Hyatt-Woolf, F. R. P. S., Editor of "The Optician and Photographic Trades Review." Philadelphia: P. Blakiston's Son & Co. 1904. (Price, $1.00.)

The Practical Application of the Röntgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs Memorial *x*-ray Laboratory of the University and Bellevue Hospital Medical College, New York. Second edition, thoroughly revised and enlarged. Handsome 8vo volume of 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Cloth, $5.00 net; sheep or half morocco, $6.00 net.)

LITERARY NOTE.

The *Medical Book News*, published by P. Blakiston's Son & Company, Philadelphia, with the issue for July, 1904, makes the change from a bi-monthly to a monthly periodical. New departments have been added, illustrations introduced and other improvements made that will tend to increase the general worth and utility of this magazine. The subscription price has been raised from 25 cents to 50 cents a year.

ITEMS.

Civil Service Examinations for the State and County Service.—The state civil service commission announces general examinations to be held September 10, 1904, including the following positions: apothecary in state hospitals and institutions; architectural draughtsman; assistant steam engineer, Erie county service; bridge draughtsman; clerk; junior clerk; fireman; librarian, court of appeals library, Syracuse; physicians in state hospitals and institutions of both regular and homeopathic schools; trained nurse in state hospitals and institutions; women officer in houses of refuge and reformatories for women.

Applications for these examinations must be made on or before September 3. Full particulars of the examinations and application blanks may be obtained by addressing the Chief Examiner of the Commission at Albany.

The Wabash railroad offers exceptional facilities for visitors to the World's Fair. The rate from Buffalo, for a fifteen-day limited return ticket is $19.75. The Wabash lands the traveler at the fair grounds or at the Union station at Saint Louis, as may be preferred, and furnishes en route first-class Pullman car service, chair cars and a la carte restaurant service on splendid dining cars. Physicians of Buffalo contemplating a visit to the fair, should interview the Wabash representatives before purchasing tickets.

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ORIGINAL COMMUNICATIONS.

Chinese Doctors and Medical Treatment.

BY MRS. J. F. BISHOP, F. R. G. S.

THERE are many horrors and barbarities, coupled with much gross ignorance and superstition, to be found in Chinese medicine. Its theories have an extravagant and fantastic basis. Nothing sound can be built upon them, and at the back of all lies a belief in malignant demons as the source of disease tending, as is usual in the East, to exorcisms and incantations as a last resort.

But while sketching a system which on the whole merits to be supplanted, as much on the ground of chicanery and fraud with which it is interwoven as for more obvious reasons, I must not be understood as condemning the whole practice of Chinese medicine, for as men are often better than their creeds, so, often, is the practice of the Chinese doctor better than his theory. For instance, he knows the virtues of many of the valuable native herbs, especially in fevers; he realises the worth of counter irritants, and in some cases even uses the cautery successfully. He knows to some extent Chinese constitutions and what they will bear, and it may at least be said of him that, however bad his system is, it has not arrested the increase of his race. If he would drop lies and humbug, parts of his treatment are not reprehensive.

China claims to have a science of medicine dating from the haziest antiquity and medical works dating from a time long antecedent to the Christian era. A book in twenty-four volumes on "Internal Diseases and the Practice of Amputations,"[1] was written before the dawn of authentic history, and a work on eighty "Difficult or Doubtful Medical Questions," was completed in the third century, A. D., on which eleven commentaries were

1. At the present time Chinese doctors rarely, however, amputate, and unless they have had foreign instruction do not know how to tie an artery.

written before the fourteenth. A noted court physician published a work on the "Pulse" in A. D. 290, which has gone through many subsequent editions, and is greatly valued. A work on the "Eye and Its Diseases," appeared in the tenth century. A six volume work on fevers followed, which was succeeded in the thirteenth century by one on the "Diseases of Women," in twenty-four volumes, which appears at intervals even now in abridged editions. In the same century a twelve-volume treatise on fevers "came out." In 1340 a work in twenty volumes appeared, taking the wide range of the "Diseases of the Large and Small Bloodvessels, Nervous Diseases, Midwifery and Women's Diseases, Diseases of the Mouth, Teeth, and Throat, and the Treatment of Fractures and Arrow-wounds." About 1360, works were written by two doctors of renown on fevers and skin diseases, and apoplexy followed a little later.

The *opus magnum* of Chinese medical literature is, however, a highly esteemed work written by Chu Su, an Imperial Prince of the Ming dynasty, in one hundred and sixty volumes, containing two thousand lectures on about the same number of subjects, two hundred and forty diagrams, and about twenty-two thousand prescriptions. A famous "Materia Medica," in fifty-two books was compiled in the sixteenth century, from the works of eight hundred authors, but it only gives eighteen hundred and ninety prescriptions. In 1602 a work in one hundred and twenty volumes on "Fevers, Ulcers, and the Diseases of Women and Children," was published, succeeding an important one on hygiene in 1591. The latter treats of diet, drink, regimen, amusements, rest, study, proper clothing and how to prevent disease and live virtuously.

About the same time several short treatises on "Children's Diseases," with rules for their treatment appeared, together with a work on "Acupuncture," with a number of diagrams, in seven volumes. In 1674 an important work in eight volumes on the "Diseases of Maternity" was published and in 1684 another on the same subject, to which was added the management of children. Six volumes on eye diseases, several works on smallpox and two on cholera were published during the period of the Ming dynasty. In the latter half of the seventeenth century famous works on the properties of drugs and on saving life in cases of attempted suicide and accident, were published. The most complete of modern Chinese works on "The Practice of Medicine," in ninety volumes, was put forward in 1740. It contains many plates and diagrams, and a praiseworthy and rigorous attempt to classify diseases.

The late Dr. Henderson, of Shanghai, and Dr. Hobson, to

whom I am largely indebted give very lengthy lists of Chinese medical works. The above are only a few of the most celebrated.

Besides these renowned works there are a number of general and special treatises which carry much weight in China, all showing that whatever the quality may be, quantity is not lacking.

As to the quality those Englishmen and Germans who have studied Chinese medical literature testify unanimously that on the whole it is inconceivably deplorable. They have some anatomical diagrams, it is true, but so competent an authority as the late Dr. Lockhart says of these:

> They are just as if some person had seen an imperfect dissection of the interior of a human body, and then had sketched from memory a representation of the organs, filling up parts that were obscure out of his own imagination, and portraying what, according to his own opinion, the parts ought to be, rather than what in reality they are.

Dr. Henderson sums up the worthlessness of this great body of professedly scientific literature thus:

> In all their writings there is no evidence of disinterested industry, or yearning after knowledge or more light—their best theories are based upon empty speculations and wild fancy—in their endeavors to support what they consider consistency and harmony in their system of physics, they sacrifice not only truth, but also intelligibility and reason. In many of their writings their aim seems to be to make every subject as mysterious as possible, professing to admire and reverence most that which is least known and understood. In none of their works is there any evidence that human dissection was ever practised, so that both human and comparative anatomy are utterly unknown.—*Royal Asiatic Society's Journal,* North China, 1864.

Chinese medical science makes no distinction between veins and arteries, nor, consequently between venous and arterial blood. Of the functions of the brain, heart, lungs, liver and kidneys, the doctors know literally nothing. They believe that the human soul resides in the liver, and from this organ emanate all great and noble purposes.[1] The gallbladder plays very important part in their theories. It is the seat of courage; its size determines the boldness or timidity of any character, and its ascension in the body is the cause of anger. As the Chinese eat stag and rhinoceros horn and the dried blood of tigers to increase their courage, so they sometimes procure the gallbladders of bears, tigers, and

1. May the expression "white livered," to describe cowardice, be traced to the same belief? (This is undoubtedly true, as the Chinese belief is that a coward's liver is bloodless, hence white.—Ed.)

even of notorious bandits who have been decapitated for their crimes, and eat them with the same object in view.

Chinese science regards man as a little universe, and the human body as composed of five elements—fire, water, metal, wood and earth connected in a mysterious manner with five solid viscera, five plants, five tastes, five metals, and five colors. Diseases are regarded as being due to a derangement in the balance of the five elements, and successful medical treatment consists in restoring their equipoise.

There are beside certain mysterious dual powers, sometimes called the male and female elements in nature the yin and yang, represented under a double comma-figure familiar to all travelers in China and Korea, which pervade animate and inanimate nature, as strength and weakness, earth and heaven, light and darkness, on which medicines are believed to have a corrective and oft-times a powerful influence. These interlocked commas are used on terminal tiles, priestly vestments, temple drums and other sacred instruments, and on much besides.

Chinese doctors are ignorant of the manner of the circulation of the blood, of the function of the heart, and of the change which the blood undergoes in the lungs; and some of their diagrams represent tubes taking their rise in the fingers and toes, and running up into the trunk, where they are either lost, or wander aimlessly about till they find their way into one of the larger organs. Though ignorant of the circulation of the blood, they believe that it is necessary for life that the whole body should be irrigated with it.

Chinese doctors state that the whole superstructure of medical science depends upon having a correct theory of the pulse, yet they know not what causes pulsation. They believe that man has twelve pulses, corresponding to twelve organs of the body, two of which have no existence. Three of these pulses are situated above, and three below each wrist; and it is necessary for ascertaining the nature and result of disease (diagnosis resting solely on the study of the pulse) to feel both wrists; and the Chinese physician lacks words to express his astonishment at the foreign physician, who is so ignorant of the first principles of his profession as to feel only one. The rules for this important operation (translated by Dr. Hobson) are many and elaborate and the foundations on which they rest indicate their value.

Each season of the year has its proper pulse. In the first and second moons the pulse of the liver, answering to wood is "long and tremulous"; in the fourth and fifth the pulse of the heart corresponding to fire, is "overflowing;" and in the third, sixth, ninth and twelfth, the pulse of the stomach, which answers

to earth, should be "slow and full." Metals govern the seventh and eight moons, and the pulse of the lungs, which answers to them, is "slendor, superficial, short and sharp?" In the tenth and eleventh moons, water reigns, and the pulse of the kidneys, corresponding thereto, is "deep and slender."

An important axiom on the pulse is: "In Spring to have the pulse of the lungs is mortal," the pulse of the heart being set aside, "for the heart is the son of the liver, which has the kidneys for its mother and the stomach for its wife."

The above is the gist of the statements regarding the pulse proper to the different seasons, due regard being had to the opposition or coalition of the five elements.

The Chinese standard "Materia Medica" fills several volumes and is of considerable antiquity. Chemistry is a science being unknown, there are few mineral preparations, and these are in crude forms, the artificial salts being unknown.

Chinese medicines are usually the vegetable productions of China and the adjacent countries, specially Tibet, while Korea provides the tonic root ginseng, to which nearly miraculous virtues are attributed, but which is so expensive that its use is confined to the rich.

Among the least objectionable of the animal substances in the pharmacopeia are the powdered blood, eyes and bones of tigers; powdered rhinoceros' horns, dried silkworm moth, red spotted lizard, stags' horns in the velvet, asses glue, human milk, extract of stags' horns, dog's flesh, bones and teeth of the dragon, dried leech, dried and powdered scorpion, dried earth worm, a preparation from toads, dried cicada and centipede, shell snake skins, bears' gall, dried silkworm chrysalis, powdered ivory, shavings of antelope horns, and the like.

Before expressing disgust, let us bear in mind that in this country the thyroid gland of a sheep is now used in medicine, and that substances as objectionable as those on this list are now used in inoculations.

Dr. Hobson, to whose researches I am much indebted, says that in a popular abridgment of this work four hundred and forty-two medicines are described, with their properties, uses and doses, all methodically classified, many of the substances being appropriate and useful, while many are worthless and disgusting. Dr. Hobson considers the plan of the therapeutic arrangement in putting the medicinal uses of drugs before their mere physical properties, worthy of commendation.

Many of the herbs used have a very definite value, but being carelessly kept, and their decoctions enormously diluted, they are not as efficacious as they might be.

Chinese doctors administer their medicines in the form of boluses, the size of a walnut, which, however nauseous, are well masticated before being swallowed; powders and decoctions, the latter frequently in doses of a pint at a time, three and four times daily, quantity being always demanded by the patient. Hence, a man to whom I gave ten five grain tabloids of quinine, to last five days, took them all at once, breaking a tooth in masticating them, and returned the next day, reeling, deaf, and in a high fever. He had understood what I said, but thought that if one tabloid was good, ten were better.

The Chinese physician has no emetics, except substances which produce unutterable disgust, hence the difficulty of dealing with opium poisoning, and the rush to a foreign doctor if there be one.

Red sulphuret of mercury has been shown by the researches of Dr. Edkins to have been regarded since the fourth century A. D., as the philosopher's stone, not only as transmuting the base metals into gold, but when absorbed into the system, as conferring immunity from death; nor does its failure in both cases shake the popular belief in the discovery of the early alchemists. Modes of rejuvenation are not confined to the use of this drug, for it is generally believed that old people can renew their youth and prolong their lives for a century by drinking human milk, which is sold at a very high price.

Surgery, properly so-called, may be said not to exist, and it is not our medicine but our surgery which wins for our doctors the high place which they occupy in China. The ignorance of anatomy is a bar to the use of the knife, and in the case of broken bones or dislocations the doctor is not thought of. Fellow workmen use their own rough methods with a dislocation. I have seen seven men hand-in-hand attempting to pull a dislocated shoulder into place, the victim being tied to a tree. In cases of broken bones, if the fracture be of a lower limb, the patient is laid on a bed, and the bone unites or remains apart, as the case may be, the ends resting against or receding from each other. Few men who break their legs can do more than limp or crawl afterward. On one occasion, however, I saw a rude splint applied to an arm, a stout, non-padded piece of bark bound on very tightly with coarse string, which had cut into the flesh, producing deep sores. The arm was livid and blackened and gangrene had already begun. No bandages are used to support limbs, nor is sticking plaster of any kind applied to bring the edges of incised wounds together. Amputation, except in the common form of decapitation, is not practised.

All kinds of tumors are mixed up together. Those which are external are "strangled," cauterised, or "needled," and those

which are internal are happily let alone. There is no distinction between simple and malignant growths, and tumors are further confounded with abscesses, which are not opened, and if they break of themselves, the great idea is to close the outlet for their contents with a thick, black, resinous plaister, air proof and water proof. Plaisters are largely used, especially patches of a green one on the face or head, applied for headache, toothache, sore eyes, earache, and the like.

In the same unscientific manner all eye diseases are mixed up in hopeless confusion, and the plaisters which are applied to diseased eyes are simply abominable.

Acupuncture and the use of the cautery are the chief surgical operations, and undeniably are at times of great benefit, specially the cautery when applied as the well-known moxa, the burning of small cones of wool on the flesh. This is frequently of great benefit in rheumatism. Acupuncture, as practised by the Chinese, is barbarous. The needle, as I have seen it in the hands of the native doctors, is long and thick, something like a stiletto, often both rusty and uncleanly, and taken bare from the operator's pocket from among débris of tobacco, paper, and the like. It is thrust into an inflamed joint, or into the stomach or liver, and is mercilessly worked about, at times causing death, and often agonising suffering from increased inflammation, and in the case of a joint, frequently producing "stiff joint" or making the victim a cripple for life. Yet this is a popular practice.

Another counter-irritant is the "medicinal nail," made by mixing corrosive sublimate, arsenic and salt with gluten, letting the "nails" dry, and forcing them into the flesh, inflicting severe wounds. A modification of "needling" is used in general rheumatism. The body is stuck over with large coarse needles, with tow dipped in oil wrapped round their heads, which is set fire, and acts as a sort of cautery, producing a wound which is further stimulated by the application of the "medicinal nail."

Vaccination is now very largely practised and many benevolent people provide it freely for all who apply for it. It is customary to insert the vaccine nymph in the nostril. Some Chinese devote themselves exclusively to vaccinating and the government encourages it, but it is not taken up generally by the "medical profession"—at least in the interior. The mortality in maternity is believed to exceed 20 per cent., and some of the practises are ignorant and barbarous, but such cases are chiefly in women's hands. Many of the methods of treatment when death is approaching are, to our thinking, very objectionable; as, for example, in order to find what a patient's chance for life is, a needle

is plunged into the flesh, and, if blood does not follow its withdrawal, the patient will die.

It must be understood that many Chinese customs vary in different provinces, and that, regarding some at least, it would be impossible to make a statement which would apply with equal truth to all parts of the Empire.

There are varieties in practitioners in China, as well as in fees. There is the fashionable city physician and there is the coolie, who buys a few foreign drugs, and tramps through the country professing to work cures with them. As there is no special education, so there are no restrictions. There are fashionable doctors in the cities who receive crowds of patients until a late breakfast hour, and spend the remainder of the day in visiting the sick at their own homes, taking them in the order in which their names have been entered on the visiting tablet at the door.

A fashionable doctor is carried in a sedan chair by three or four bearers, who simulate great haste. He wears a most oracular expression, and is apparently always absorbed in consulting books or notes. To save time in narrow and crowded streets, a copy of his own sign board is placed outside the patient's house, so that the bearers find it without delay. He is received with much ceremony. If the patient be a lady a bamboo screen conceals her from him. After a prolonged examination of the twelve pulses has acquainted him with all he requires to know, he writes a prescription. Some rich men require a statement of the nature of the disease, and the treatment to be pursued, for the use of the family; but this involves an additional fee, and usually a verbal statement is sufficient.

It is here that the medical humbug has an admirable opportunity for imposition. He exaggerates the seriousness of the malady and the length of time to be occupied in curing it, and by the use of abstruse scientific terms can describe with an air at once so learned and oracular as to win general belief in his power over disease. On his departure he receives his fee, called "golden thanks," wrapped up in red paper. In the case of a doctor of this type, it may be from two up to four shillings, the written opinion being two shillings more. The chair bearers are always extra.

It is not "good form" for doctors to make up their own prescriptions, but it is done by the lower classes in the profession, men who receive from sixpence to a shilling a visit.

The doctor may not pay a second visit unless he is sent for. In many cases, however, he contracts to make a cure and receives half the sum agreed upon in advance. It is a matter of usual occurrence when a patient is not cured by the first pre-

scription to call in another doctor, and so on till four or five have been tried without a satisfactory result, when recourse is had to a god possessed of remarkable powers of healing, or to a sorcerer.

In cases of hysteria or mental derangement, the sorcerers or witch doctors are consulted; and it must be remembered that (as is generally the case in the East) throughout China, except among the educated men of the cities, there is an underlying belief that all illness is the result of the entrance of a foul demon into the body, and the last resort is the sorcerer, or the Tavist priest with his incantations.

My experience with a Chinese doctor was a mild and fairly satisfactory one. While traveling in great heat I was bitten on the foot by a large centipede and swelling, pain, and inflammation were the result, quite stopping my progress. The doctor arrived attended by a coolie, who deposited on the floor a formidable-looking chest in compartments, containing drugs, scales, weights and instruments, rather rusty, for acupuncture and cautery. After the usual formal compliments, I explained the cause of my suffering, but apparently to deaf ears. The doctor looked alert and sapient, felt my twelve pulses, above and below each wrist and back again, with a look of profound enlightenment, asked no questions, and after forty minutes spent on the pulse, proceeded to weigh and boil certain drugs over a charcoal brazier, the result being a liberal quart of a red, turbid infusion, which he directed me to take at one dose. I pointed to my foot lying on a basket under a handkerchief, and, as I thought, rather a pitiable spectacle and displaying its inflamed condition again, asked for a lotion. He barely deigned to glance at it, but compounded something, of which poppy heads were an ingredient, which at once proved beneficial.

I showed him my clinical thermometer, and made an attempt to explain its use; and he took it, tapped it, held it up to the light, and finally asked if it were for use in foreign magic. I showed him also a medicine box containing a dozen different invaluable tabloid medicines, and after considering them attentively for some time, and getting the names of some of them from my interpreter, he said they were "charms,"—that it was impossible for medicines to be in such small bulk, and persisted in his assertion. However, he asked me for some morphia tabloids, and doubtless saw reason to change his opinion.

Various odd ideas as to the structure of the human body have held sway for two thousand years, such as that the pit of the stomach is the seat of the breath as well as of the emotions of joy and delight; that thoughts proceed from the heart, as well as

tubes of dubious purpose which merge themselves in the spleen liver and kidneys; that schemes originate in the liver (the residence of the soul); that the skull, pelvis, leg, and forearm are each single bones; with many other scientific beliefs. Throughout the system, disease is regarded as the product of a disagreement between the universal forces of yin and yang, or it is the direct agency of evil spirits. The dual theory being held by "regular practitioners" and vagabond quacks alike, the diagnosis is on those lines, it and the dose being administered together, the one being required to produce faith in the other—rather a workable plan.

It must be said that in some things treatment by Chinese doctors is in advance of their theories, or rather ignores them; that they can give sensible directions regarding diet, exercise, and the external treatment of some maladies, based on their observation of cause and effect; and that some of their herbal remedies, if their virtues were not drowned in water, would be valuable: It may also be said of acupuncture, that while in hundreds of cases it is so fatal to locomotion, and in some to life, there are others in which it is useful, and there would be more if it were not practised with such very dirty needles. Of cauteries and caustics little that is favorable can be said. Their use frequently entails great and prolonged suffering, generally destroying large areas of tissue, and turning trifling wounds into deep sores which discharge inwardly, owing to the abominable practice of sealing up wounds, ulcers and abscesses with an impermeable plaister. During the war I saw very many instances of the evils of this practice, where gunshot wounds had their margins severely cauterised, and then been hermetically sealed, with the bullet still inside them.

I understand that there are some sensible treatises on midwifery, embodying the results of experience; but in difficult cases, in which the skill of foreign medical women has been resorted to, malpractices of barbarous and unspeakable ignorance have been discovered. Superstitions and extraordinary methods of increasing the beneficial effect of drugs prevail generally, but they vary greatly and to describe those of Manchuria would not be to describe those of Szechuan or Kwantung.

The late Dr. Henderson, of Shanghai, in a careful study of the "Medicine and Medical Practice of the Chinese," writes thus strongly of Chinese doctors:

> They sacrifice unscrupulously not only truth, but also intelligibility and reason. What excites our surprise is that century after century, and generation after generation, should have passed away in a vast country like this, and especially among such a

large number of men who set themselves up as authorities and teachers of others, and that there should not be found one with a mind independent enough to make fresh observations, or sceptical enough to doubt the numerous unreasonable assertions of his predecessors. . . . Everything is false because it rests on a false foundation—falsehood is at the root of every system, rendering correct information and reliable facts impossible. What is still worse is a system which every Chinese physician knows to be utterly false, but which must be respected because it is old, and because being false it is more in unison with the other systems and institutions of China.

Dr. Wells Williams, who cannot be suspected of undervaluing anything Chinese, writes of Chinese scientists:

They have never pursued a single subject in a way to lead them to a right understanding of it.

And with this damnatory remark, I will dismiss the subject, believing that the light of western science in the region of medicine is very slowly and partially, but in the long run surely, beginning to permeate the thick darkness of the empire.

Chinese Medicine and Surgery in New York.

By NELSON W. WILSON, M. D., Buffalo, N. Y.

DURING several years' work among the Chinese in New York, years during which a daily and intimate relationship with the children of the Sun amounted to almost a residence, the writer had opportunity to gather a smattering of the Chinese methods of administering drugs and treating disease. Just as Mrs. Bishop says in her very interesting résumé of practice in the Flowery Kingdom, the Chinese doctor makes his diagnosis on the pulses "above and below the wrist" and it was a novel experience to see a native physician spend something like an hour on the twelve pulses of a patient who was ill—very ill from the effects of a combination of Chinese opium and American beer.

In those halcyon days when the pungent odor of the pipe and the aroma of the spices and the herbs mingled with the frou-frou of the skirts and the shuffle of sandaled feet, the Chinese sick were doctored by a little undersized medicine man who lived in Chinese style and wore a queue but garbed himself in American clothing, Dr. Charley Sing. His shop was a dark room on Mott street, next to the King restaurant, which in later years became famous as the one last resort of fashionable slummers who

spent foolish sums of money for cheap chop seuy and deer tendon and funny little Chinese potatoes and the common every day lichee nuts and went back and gossiped with their less fortunate sisters and cousins and aunts of the terrible things they had eaten in the way of heathen cooking.

Charley Sing knew Chinese medicine evidently for his drugs were the most outlandish looking affairs one could imagine. There were in the mixtures he put up dried toads and lizards and powdered horn of various animals and spiders and snake meat and numerous herbs. The crudity of Chinese practice is best illustrated by the fact that all the medicines and ingredients he used were in the natural state when received from China and he prepared all the mixtures he administered. There were little glass and earthern jars, containing whole spiders and whole toads and lizards, dead and dried, but retaining sufficient of their original form to be easily recognisable. In the case referred to above an emetic was used. It was an herb, mixed with a pint of hot water which the patient drank and as promptly expelled.

For rheumatism there is a black, pasty mixture which comes in little earthern jars holding less than an ounce. The dose is relatively half a teaspoonful; sometimes in severe cases it is a teaspoonful or a teaspoon and a half. This is administered internally and the patient is wrapped up tightly in sheets and blankets and watched. He perspires freely; not the usual watery perspiration, but a thick, almost mucilaginous exudate, which is brownish in color and terribly odoriferous. What the drug is could not be learned with any degree of clearness but the idea was conveyed that it was the gum of a tree. There is danger of an overdose producing heart failure, hence the patient is closely watched. When the exudate is profuse, the patient is bathed in hot water and wrapped up again and left to recover from the effects of the drug, which leaves him in a very much weakened state. His recovery is usually rapid and it is rare, the Chinese claim, that a second treatment is necessary. The case of an American suffering from rheumatism came under the writer's observation. The white man was cured with half a teaspoonful dose. That was quite ten years ago and there has been no recurrence of the disease. With respect to ignorance and nauseous dosage the Chinese physician and the Indian medicine man are brothers.

As regards surgery the Chinese of recent years have become rather more enlightened. They now do minor surgery, but it will probably be years before they grow to major operations. In battle, the wounded are left to care for themselves and reports from the interior credit the well with killing the desperately wounded.

The fatalism and fanaticism of the Chinese makes this almost a blithesome task. It relieves an active and armed body of the impedimenta of wounded. One rarely sees a cripple among the Chinese. Practising physicians devote most of their surgical skill to acupuncture which is really the national surgery. It is used for everything—fractures, cholera, smallpox and even sore eyes. The surgical education of the student consists of the study of a bronze manikin full of tiny holes corresponding to the proper points of puncture. When a student is examined he is placed before this figure which has been covered with paper and his examiner names a disease which he is supposed to treat. To pass the examination the student must plunge the needle into the proper hole in the manikin.

The only surgical operation the writer witnessed in Chinatown was the opening of an abscess. A long needle with an incomplete ring at the end and a small, sharp pointed knife, much like our own straight bistoury, were the instruments used. The ring of the needle was placed over the abscess and pressed down until a little ball of tissue projected, through which the point of the knife was passed into the abscess cavity. The opening was then smeared over with a dirty looking paste.

The only true Chinese major operation known was recently described in *American Medicine*. This cannot be regarded as a "surgical" procedure. The Imperial Court has had attached to it for centuries an army of self-constituted martyrs numbering in the neighborhood of 3,000. These are eunuchs. In addition, the princes and princesses are entitled to 30 each; nephews and young children of the reigning Emperor to 20 each and the vast army of cousins to 10 each. The direct descendents of the eight Manchoo princes who aided in the establishment of the present dynasty are entitled to 10 each.

The privileges of the position of eunuch are so well established that boys are sold by their parents and young married men offer themselves for the operation of emasculation. An anesthetic is unheard of and the operation is bereft of any suspicion of cleanliness.

The prospective eunuch is bound to a narrow cot; his shoulders are grasped and held by an assistant while his legs are held apart by two others. The operator grasps the penis and scrotum at the root in his left hand compressing and twisting them and expelling as much blood as possible. When ready he asks of the parents—in the case of a young boy: "Do you consent?" If the answer is in the affirmative he removes with a single sweep of his knife, the penis and scrotum with, of course, the contents of the latter, and as close to the pubo-perineal surface as possi-

ble. Sometimes a small hatchet is used; but as a rule the instrument is a knife, straight or sickle-shaped.

In spite of the revolting cruelty of the operation and its horrifying uncleanliness, the mortality is reported to be not more than 3 or 4 per cent. There is naturally a tendency to cicatricial atresia of the urethral orifice and this oftentimes proves troublesome, especially in the younger subjects. The most frequent complication is incontinence of urine. This is tolerated by the operator for a reasonable length of time; but if it persists beyond a certain date the patient is beaten everytime the accident occurs and he is rapidly cured. For the prevention of cicatricial contraction of the urethra a wooden and sometimes a metal bougie is used. The organs removed during the operation are preserved with religious care and are buried with the owner, to prevent his soul being transformed into a mule, which is the fate of all eunuchs who arrive at the end of the Great Journey without their sexual organs.

When the wound has healed there is a triangular scar with its apex below. Often the final results of the operation are partial cicatricial stricture of the urethra with partial incontinence of urine, followed by vesical catarrh and frequently the formation of a vesical calculus. The odor resulting from this partial incontinence of ammoniacal urine is so well-known in Pekin that among the French residents the saying: "Il pue comme un eunuque; on le sent à cinq cents pas" is a popular one.

Before wholly damning Chinese medicine and dismissing it one must remember that the Chinese claim that for over four thousand years mercury has been used for the cure of syphilis.

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℞ Monobromated camphor
Quinine valerianate, a a ..... gr. iss
Extract of hyoscyamus ..... gr. 1-3
Extract of belladonna ..... gr. 1-6

For one pill. Four or five pills daily.

—*Herzen in Medical Bulletin; Southern Medicine and Surgery.*

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

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Introductory.

IT SEEMS to me a happy decision on the part of the BUFFALO MEDICAL JOURNAL that it has undertaken to publish with each issue, a Bulletin of the work done in the medical department of the University of Buffalo. It is an earnest of its own enterprise, as well as of interest in what is doing in Buffalo, and it should meet with a hearty response and with every encouragement from the alumni of the University.

The Medical Department has certainly been modest in placing before the profession of Western New York statements concerning the wide-spread importance of the work being done in the General Hospital, especially, as well as in the other hospitals of this city with which its teaching staff are connected, and it really is high time that more public notice were taken of the large amount of valuable material offered in the various institutions of this city.

Many men, in time past, have gone abroad to study medicine and found but little more over which to enthuse than can be found in the daily clinics in Buffalo. If the younger physicians of this city have not been as alert as they might be in taking advantage of that which is before them, as seems to be the case, they might well listen to some of the comments which are made by visitors from outside the city, or even from abroad, as to the amount of work done here and its relative value.

If now by a publication of this kind a better knowledge can be cultivated of what is going on, every reader of the JOURNAL will be the gainer, and justice will at last be done to men who

are spending their lives in the work. Every encouragement, then, should be given to this new enterprise.

ROSWELL PARK.

In Dr. Park's introductory to the first appearance of the University and Hospital Bulletin as a fixed department of the JOURNAL stress is laid on the clinical advantages of Buffalo. For several months past the JOURNAL has editorially called attention to the fact that the University of Buffalo, while not exactly lost sight of, was not thoroughly appreciated by the younger alumni. The underlying sentiment of these editorials was "Keep in Touch with Buffalo," and from them was developed the Bulletin as a department.

Primarily, the medical department of the University of Buffalo and the clinical work done by its faculty and teachers, will be kept well to the front with a view to establishing and maintaining rather more than a mere friendly interest in the institution. In connection with this work such news matters regarding the medical department as will be of general interest will be given a place; and, following the idea suggested by Dr. Park's remark concerning Buffalo's clinical advantages, narrative reports of work done at all hospitals in this city will be given a place in this department, preliminary to the reporting of cases in complete form by operators and clinicians.

OPENING OF THE MEDICAL DEPARTMENT.

The medical department of the University of Buffalo will be opened Monday evening, September 26, with the usual formalities. The inaugural address will be delivered by Dr. Thomas H. McKee, of the University teaching staff, his subject being "Medical Education," which will be treated in a manner rather out of the ordinary. Dr. McKee is a forceful speaker, his ideas are well-balanced and the address will be unusually interesting to those who believe in the future of the university. Dr. McKee's paper will be published in the next issue.

CHANGES IN THE PERMANENT FACULTY.

On September 12, at a meeting of the Council of the University, the first move toward the establishment of an arts department was made by a discussion concerning the establishment of University lectureships on literature, history, pedagogy and kindred subjects. The propositions made were tentative in character, and while nothing definite was established, the discussion

has opened the way for more serious work in the near future along the lines of broadening influence and wider scope.

At the same meeting the resignation of Dr. John Parmenter as professor of anatomy was received and accepted, and Dr. Herbert U. Williams was elected a member of the permanent faculty to fill the vacancy. Dr. Williams was elevated to the professorship of pathology and bacteriology. Dr. Parmenter, while not now a member of the permanent faculty, remains on the university staff as professor of clinical surgery.

The work of the chair of anatomy will be carried on by Dr James A. Gibson, adjunct professor and demonstrator of anatomy. Dr. Gibson has been in charge of the anatomic room of the University for several years and there could be little improvement in his administration and methods of instruction.

Other matters of moment in connection with the extension of University influence are now under consideration of a committee from the medical faculty, consisting of Drs. Park, Stockton and Cary.

THE DEGENERATION OF CUTANEOUS GROWTHS.

A case was referred to Dr. Park recently which indicates the danger of ignoring moles, warts and similar cutaneous excrescences. Considerable has been written of late on the advisability of early removal of all such growths, even when they are apparently innocent in character, unimportant in size, and not at all annoying or inconvenient as regards location. Both Dr. Park and Dr. Keen have been preaching against the dangers of these long-considered benign growths which, while they may remain quiescent for years or even a life-time and never break down, too often do undergo transformation into malignancy.

The case referred to admirably illustrates such a condition and at the same time points to the wisdom of the attending physician who was sufficiently wideawake to recognise the first sign of danger and hurry his patient to operation, a procedure which in all probability saved her life. The patient is between 35 and 40, and had for years on the outer surface of the left arm a growth which had always been considered a plain mole. Of recent years it had shown signs of irritation. This became so marked a short time ago that her physician was consulted. He learned by careful questioning that the growth has changed in character as regards elevation, color and irritability and advised immediate operation for its removal. Dr. Park found the growth to be a well marked melanotic sarcoma with extensive axillary involvement. The tumor was removed by means of wide incision and

the axilla cleaned out. This case is similar to several which Keen recently reported in which long neglect was followed by general infection and death.

A rather unusual and interesting case occurred on the service of Dr. Hayd at the German Hospital which demonstrates that the surgeon is often justified in operating in apparently hopeless cases even when the patient is apparently at the point of death.

A boy of 9 was received at the hospital with a history of stercoraceous vomiting for 48 hours. His condition was alarming—pulse 136, his skin cold and clammy and extremities blue. There was considerable abdominal distension but not much tenderness upon pressure. The stomach was washed out until the siphonage returned clear, when the patient was prepared and operated. A median incision was made and the intestines came into the wound greatly distended. They were followed until a band was found embracing one of the coils of the ileum, evidently an adhesion resulting from a previous appendicitis. The band was severed and the abdomen closed as rapidly as possible with through and through silkworm sutures. The following day the patient had two stools and went on to a perfect recovery, leaving the hospital on the seventeenth day.

This illustrates that even in the most desperate cases which are apparently without hope, when too much surgery is not necessary, recovery will often take place, and that operation for true obstruction of the bowels should be undertaken, even if the prognosis is most discouraging, because in many instances the cause is found to be merely a small band of adhesion.

Dr. Park's surgical clinics have begun at the General Hospital.

ARACHNO-ABDOMINAL DRAINAGE FOR HYDROCEPHALUS.

An operation was recently done by Dr. Marshall Clinton, instructor in surgery, for the relief of hydrocephalus, which a hasty review of the available literature places on record as the second of its kind.

The patient is a child and the operation was an arachno-abdominal drainage, briefly outlined as follows: A median abdominal incision was made, the child practically eviscerated and anastomosis made between the subarachnoid space and the abdominal cavity. During the operation the patient passed into a state of shock. Ten c.c. of normal salt solution and three drops

of adrenalin were injected into the spinal cavity and immediate improvement followed. Drainage from the subarachnoid space to the abdominal cavity was established for forty-eight hours with a soft catheter. At the present time the child is improving and the hydrocephalic condition has been markedly benefited. Dr. Cushing, of Baltimore, has reported a similar operation. Dr. Clinton's report of the case will be published in the clinical department of the JOURNAL when the case is completed.

TWO UNUSUAL GALLSTONE CASES.

Dr. Eugene A. Smith, adjunct professor of clinical surgery, will later report two rather unusual gallstone cases—unusual, because both were nursing mothers and both were received within a month. The first was a woman of 40, the mother of four children, the youngest between three and four weeks old when the mother entered the hospital in July. She gave a history of colicky attacks referable to the right side and covering a period of two years. Various diagnoses covering appendicitis, floating kidney and gallstone have been made. The first recent attack was a week after confinement, followed by four attacks within the succeeding three weeks. These attacks increased in severity and required from ¼ to ½ grain of morphine to ease the pain, which she described as "running through to the back." There were no chills, no jaundice. A diagnosis of biliary colic was made. The abdomen was opened and the gallbladder was found full of stones, two of which were impacted in the cystic duct. It was impossible to crush or work backward into the bladder these stones which seemed to be as large as hickory nuts, but which were, on subsequent removal, found to be somewhat smaller. Dr. Smith followed original lines in completing the operation, by splitting the gallbladder and duct down to the stones, ligating the duct in two sections, placing a rubber tube in the cystic duct for drainage of the duct, with a trough of underlying gauze acting as a floor for the tube to the surface, and an overlaying gauze drain, acting as a roof. The patient had a free flow of bile, but no complications; the gauze and tube were removed within two weeks and she went home on the twenty-eighth day, the wound not quite closed, but with no trace of bile. After the second week she took freely of nourishment and nursed the baby.

The second case came to operation within a month and the same general procedure was followed. This mother was at the time nursing a five months' baby. At the end of three weeks the child was brought to her for nursing twice a day. Other necessary feedings were by bottle.

PROGRESS IN MEDICAL SCIENCE.

Genitourinary and Syphilitic Diseases.

Conducted by NELSON W. WILSON, M. D., Buffalo.
Genitourinary Surgeon to the Emergency Hospital.

CIRCUMSCRIBED FIBROSIS.

THREE cases of so-called "circumscribed fibrosis" of the cavernous bodies of the penis have come under the writer's attention recently and are now being treated. This brief résumé of these cases is in the nature of a preliminary report merely.

Very little is known concerning this rather rare condition, either of its cause or its cure, if cure there be in the uncomplicated and etiologically obscure cases. Genitourinary textbooks are either silent on the subject or dismiss it in a few words of generalisation with a hopeless prognosis. Among those who have given more than passing attention to the condition are Van Buren and Keyes, who were the first to accurately describe it; Eugene Fuller, who reports three cases; Lydston, who has had experience with four, and Taylor, Tarnowsky, Mauriac and Finger. Taylor calls the condition an "ossification" and describes it as a calcification of the sheaths of the cavernous bodies and the pectiniform septum.

In general there is no apparent cause for the condition, although all authorities agree that gout and diabetes are predisposing factors. This belief is hardly tenable, because of the comparative rarity of the condition. If gout and diabetes had much to do with its production it would certainly be more frequently met with in gouty and diabetic individuals than it is. Yet on one point every observer agrees and that is that the spongy body is never concerned in this hardening process, be it fibrosis, induration, calcification or what not.

In each of the three cases under observation there is absolutely no obtainable reason for the existence of the condition, so far as gout or diabetes are concerned. Each patient believed it due to injury during coitus or too frequent sexual indulgence. In one case there was an obscure syphilitic history; in the second, a history of rather frequent attacks of urethritis; in the third, a history absolutely free from any venereal taint. All had more or less pain on erection at a point just behind the glans on the dorsum of the penis. Examination showed indurations in each case. One was confined to the right side, the others involved both cavernous bodies, roughly heart-shaped with the apex fading off into the median line about an inch from the glans. These

indurations were hard and flat with well-defined and rather sharp margins and Van Buren and Keyes' description that they "feel like cartilage" is accurate.

In the case of the patient with the history of urethritis there was reported a distinct bending forward of the glans on erection, giving the described "flail-like" appearance. The others complained only of the pain.

The syphilitic case is doing well under mercury and iodide and the induration has almost entirely disappeared. The case without history, which may be properly termed the idiopathic case, is unimproved apparently under electricity and massage with mercury vasogen inunctions; the urethritis has improved relatively 50 per cent. under iodides and massage with mercury vasogen. Of course, in connection with this general treatment, aimed directly at the condition, hygienic and sexual regulations are rigidly enforced and the urine is examined frequently.

Fuller has found the condition in men past middle life. In only one of the writer's three cases is the patient over 40. Fuller records gout and diabetes in a small percentage of cases and adds contraction of the fibers of the cavernous bodies as the third cause; but he does not pretend to give a cause for the contraction. His use of mercury has been negative of results generally speaking. Lydston calls the condition "cavernositis" and had two cases following chronic urethritis; his other cases were uncomplicated.

There have been several cases reported of diffuse induration of the cavernous bodies and the spongy body, but these were in all probability due either to urinary infiltration or thrombosis, and it is well known that cancer originating in the urethra and late syphilitic manifestation in the urethra have been mistaken for an induration of obscure origin. The rather unique case reported by Morris in 1895 wherein there was nodular hardening of all three bodies of the penis followed by priapism and death is quite likely to have been thrombotic in origin.

YEAST AS AN ANTIGONORRHEIC.

Abraham (*Centralblatt fur Gynakolgie.*) advances yeast as a specific in gonorrhea, but experiments made by American observers show that while yeast is deadly against all forms of cocci and kills the gonococci most rapidly it is not a specific. The many pockets and folds and the changes in the cellular elements of the urethra following gonorrhea tend to make the cure of the disease with yeast rather long drawn out and unsatisfactory. Silver still remains the best treatment in gonorrhea; argyrol, pro-

targol, or similar preparations, in acute cases, and silver nitrate in chronic.

GONORRHEA OF THE CERVIX.

Two cases of cervical gonorrhea were rapidly cured by injecting into the canal a strong solution of argyrol each day until the gonococci disappeared, as shown by microscopic examination. Then icthyol and glycerine were used for a few days, followed by a 5 per cent. solution of silver nitrate. In every case of gonorrhea in the female the cervix should be examined with great care and microscopic examination made of whatever discharge there may be.

THE ABORTION OF BUBO.

SMALL. (*University of Pennsylvania Medical Bulletin*) advocates the use of the following ointment for the abortion of bubo:

R	Mercury ointment	Equal parts.
	Belladonna ointment.....	
	Icthyol.....	
	Lanolin	

This should be spread on ¼ to ½ an inch thick, covered with gauze and cotton and repeated every other day. If there are not prominent signs of resolution in a reasonable length of time then hot applications may be made, which failing, an operation is necessary for the removal of the glands. The ointment is the same as suggested four or five years ago by Christian and is in practical use the only mixture which will abort a bubo. But in applying it at least three cotton bandages, three or four inches wide, must be used over the dressing and they must be put on tightly.

Burnside Foster puts his bubo cases in bed, administers a calomel purge and orders 1-12 grain of calcium sulfid every three hours with an ice bag over the bubo. Cure should be effected in a week—when it is effected, although calcium sulfid is much overrated in these cases and seldom gives the results claimed for it.

Horwitz's method of aborting bubo is to prepare the patient as for operation, make a small opening into the beginning bubo with a very small bladed bistoury and inject dioxygen and bichlorid of mercury, 1 to 5000. After the cavity is cleansed it is filled with vaseline, containing 10 per cent. of iodoform; a piece of ice is placed over the bubo until the vaseline hardens and a tight bandage is put on. In many cases where the bubo has so far advanced as to present a small area of softening, this method

is almost ideal. There is no necessity for keeping the patient off his feet.

Griffith uses the Christian and Small ointment with the exception of the lanolin and uses as well ice and flaxseed poultices. He has a record of 33⅓ per cent. of abortions.

GENERAL GONORRHEAL INFECTION.

Generalised gonorrhea, called fulminant by Fuller, who reports the case, is so infrequent that a brief description of his case will be interesting. In this department a few months ago a case of general infection was reported from the writer's service at the Emergency Hospital. Fuller's case, the patient, a married man, contracted gonorrhea and started West with the double object of concealing his condition from his wife and of transacting some business. He got as far as Pittsburg when he was taken ill on the train and so serious was his condition that he was removed to a hospital. His temperature ran up to 104°; the endocardium and kidneys were affected and an arthritis developed in one shoulder. He left the hospital a wreck, with albuminous urine and a stiff shoulder.

LONGEVITY OF THE GONOCOCCUS.

Cabot reports the record case of longevity of the gonococcus, provided his patient was truthful, and he sees no reason to doubt his statements. The case was that of a man who had been married fifteen years and who gave a very clear history of severe gonorrhea prior to his marriage. During his married life he had been faithful, yet five days after an intercourse with his wife a discharge appeared from the urethra which in appearance was gonorrheal. Microscopic examination showed numbers of bodies resembling gonococci. His discharge was lessened and finally cured by antigonorrheal treatment. There was no sign of infection in his wife.

Cases are recorded where the gonococcus has lived in a quiescent state for two and three years beyond any doubt, and Dr. Cabot's report is unusually interesting because of the length of time which elapsed before the inactive cocci set up a new infection and because of the change in their appearance when examined under the microscope, it being remembered that they "resembled" the gonococcus.

THE TREATMENT OF EPIDIDYMITIS.

At Roosevelt Hospital epididymitis is treated as follows: With the appearance of pain or tenderness in the epididymis the

patient is put to bed, given a cathartic and urinary sedatives and placed on fluid diet. A new drug, an ester of salicylic acid, is used by painting the scrotum over the affected portion; it is absorbed and appears in the circulation as sodium salicylate. The painting is done once a day and in from twelve hours to seven days there is relief from pain. The remaining swelling is reduced by the application of mercury ointment and the internal administration of iodide of potash, and the testicle is strapped.

At the Hospital for Ruptured and Crippled an application of equal parts of tincture of iodine and tincture of belladonna is used.

In personal practice the best results have been obtained from the use every day of a small amount of 10 per cent. guaiacol ointment massaged gently over the epididymis and along the cord as high as the external ring, if the tenderness extends that far. This usually relieves the pain in from 12 to 24 hours or so markedly lessens it that it is merely a discomfort rather than an agony. As soon as the acute pain has subsided the testicle is strapped with adhesive and iodide is given internally to hasten absorption.

DETERMINATION OF URIC ACID IN URINE.

Dreyfus (*New York and Phila. Med. Jour.*) calls attention to the Hopkins-Folin method, which is asserted to be accurate and is now in use in several of the pathological laboratories connected with the hospitals of the Department of Public Charities of the City of New York. The following reagents are necessary:

1. A solution of 1 liter volume containing 500 grams of ammonium sulphate; 5 grams of uranium acetate; 60 c.c. of 10 per cent. acetic acid; and distilled water to bring the bulk up to 1 liter.

2. A one-twentieth normal solution of potassium permanganate.

The method is as follows: Place 300 c.c. of urine in a beaker, add 75 c.c. of ammonium sulphate reagent, and mix thoroughly. After the precipitate has settled sufficiently (say about five minutes) filter through a double folded filter. When 250 c.c. of the filtrate has passed through, this volume is divided in two portions of 125 c.c. each, to serve as a duplicate. To each portion add 5 c.c. of concentrated water of ammonia, mix thoroughly, and allow to stand over night. The precipitated ammonium urate is then transferred to a filter and washed with a 10 per cent. solution of ammonium sulphate. Then wash the precipitate with about 100 c.c. of water into the same beaker, add 15 c.c. of concentrated sulphuric acid, and immediately titrate with n-20 solu-

tion of potassium permanganate until the first permanent tinge of pink color appears. One c.c. of potassium permanganate solution equals 3.75 milligrams of uric acid. From this calculate the amount in twenty-four hours.

A shorter process, but one which is less accurate, consists in the precipitation of uric acid with ammonium chlorid (30 grams for each 100 c.c. of urine), allowing it to stand over night, then filtering off the ammonium urate, washing with cold saturated solution of ammonium chlorid, and dissolving in hot water about 100 c.c.), containing about 15 c.c. of concentrated sulphuric acid, and titrating as before.

THE CAUSES OF BLACK URINE.

Garrod (*The Practitioner*) gives a very comprehensive description of black urine and its causes. Urine which is black or which may become black is excreted in cases of jaundice, especially of long standing; in hematuria, hemaglobinuria, hematoporphyrinuria, melanotic sarcoma, alkaptonuria, ochronosus, in cases where an abundance of indican is present; in phthisis only after standing a long time; in certain rare diseases of undetermined nature, and after ingestion of certain drugs and articles of diet (including carboluria).

When due to jaundice the usual tests for bile pigment will at once reveal its nature.

The blackness in hematuria is merely an exaggeration of the smoky tint and is due to the presence of much of the contained blood-pigment in the form of methemoglobin.

The term "blackwater fever" bears witness to the character of the urine, which may result from the presence of hemoglobin.

In hematoporphyrinuria the color of the urine usually resembles that of port-wine. Urine, whatever its reaction, never shows the spectrum of acid hematoporphyrin unless a mineral acid has been added to it.

True melanuria, associated with melanotic sarcoma, is a rare condition. In melanuria the urine has usually a normal color when passed but the darkening takes place from the surface downward when exposed to the air.

Ferric chlorid or nitric acid causes the cold urine to become black immediately.

In alkaptonuria the urine has the normal appearance when passed but darkens from the surface downward on standing—the addition of an alkali hastens the process. Such urine reduces Frehling's solution with the acid of heat and ammoniacal silver-nitrate solution in the cold.

In indicanuria the color is due to the higher oxidation-products of indol. Thick, cold urine blackens when HNO_3 is added as with true melanuria, but there is no such immediate blackening.

Black urines with tubercular diseases seem due to the indicanuria which is especially apt to occur in cases of phthisis.

Damson plums, resorcin, hydroquinin, rhubarb and senna may cause black urine. In carboluria the diagnosis can be determined by adding barium chlorid to the urine after boiling the urine with hydrochloric acid. A copious precipitate of barium sulphate is obtained. The color-reaction of phenol with ferric chlorid is not obtained in cases of carboluria.

Mention having been made of ochronosus causing black urine, the following, while not belonging to the department of genito-urinary diseases, will be interesting:

Osler, in a recent issue of the *Lancet,* remarks that blackening of the cartilages of the body was observed by Virchow in 1866, and named "ochronosus." Osler records two cases in brothers. The first was said to be diabetes in a man of 57. The condition was, however, apparently alkaptonuria of long standing, and the copper-reducing substance was not glucose. In this patient there was blackening of the sclerotics and in the cartilages of the ears. On the hands and cheeks the skin was coal black, suggesting powder marks. An interesting fact was that the patient's son had alkaptonuria. The second case, brother of the first, was also suspected of diabetes, but was also found to be suffering from alkaptonuria. He had the same blue-black color of the sclerotics and skin. Osler remarks: "These brothers presented a singularity in gait, walking with a slight bend or incline of the hips. At first I thought the elder brother had had spinal disease, but the spine was straight, and the motion of the hip-joint was perfect. He had had rheumatic pains in several joints, and there were several Heberden's nodes."

ABSTRACTS.

Endermol, a New Vehicle for Ointments.

Virgil Coblentz, New York, (*Medical News,* September 3, 1904,) says that endermol, a combination of stearic acid amide and paraffin hydrocarbons, forms an almost white mass of about the consistency of lard, inodorous, of neutral reaction and fusing at 78° to 80°C. The iodine absorption number is 16.98, while that of lard averages about 62; a point in favor of the former as a vehicle for iodine.

When exposed to the air and sunlight under adverse conditions, samples of endermol retained their color, consistency and blandness. When applied to the skin by inunction, endermol forms a smooth, soft, unctuous mass which is readily absorbed. This may be demonstrated comparatively by applying a little of petrolatum, lanolin and endermol in separate portions by inunction to the skin and noting the time required for absorption. Furthermore, applications of endermol ointments of iodine (without potassium iodide), and also of aconite were followed by the excretion of iodine in the urine after about five hours in the former, and the characteristic dryness of the throat in the latter.

Rancidity in fats is due to hydrolysis or splitting up of the esters of the fatty acids, with liberation of the free acids. To the presence of these the irritating properties of rancid fats are due. In endermol, consisting chiefly of stearic amide, we have a stable fatty acid derivative which is not decomposed under any conditions through the action of light, air, moisture or such chemicals as are usually employed in ointments.

To demonstrate the adaptability of endermol as a vehicle for ointments, mechanically as well as chemically, ointments with such substances as the yellow and red mercuric oxide, yellow and red iodide of mercury, zinc oxide, lead subacetate and carbonate, ichthyol, tar, vegetable extracts and mercury were prepared. All of these yielded smooth, uniform ointments which showed no change whatever upon exposure.

The use of petrolatum, as is well known, is restricted to that of a dressing and this to a limited extent owing to its immiscibility with water, certain chemicals and galenicals.

Lanolin, an excellent vehicle, is objectionable because of its stickiness and toughness; and when combined with animal fats (as in lanolin cream), such ointments become rancid and offensive.

There is nothing so objectionable to either the physician or pharmacist as a rancid ointment. While lard or other animal fats may originally have been anhydrous and benzoinated, yet rancidity ensues sooner or later, particularly so when aqueous fluids have been incorporated, as frequently is the case in ointments. Aside from the irritant action, chemical reaction of the liberated fatty acids upon the medicinal agent follows.

Again, lard substitutes consisting of mixtures of suet or tallow or cotton-seed oil, stearin with cotton seed, sesame or cocoanut oils, are not only open to the same objections, but also the possible presence of alum, alkalies or water, which render them still less desirable.

Because of its blandness, pliability and freedom from sticki-

ness, endermol is especially adapted as a lubricant for massage treatment, always leaving the skin soft and pliable.

To sum up, the advantages of endermol as an ointment vehicle are:

Absolute freedom from any tendency towards rancidity, although as much as 15 per cent. of water may be incorporated.

Ready penetrability and absorption.

Pliability, smoothness and freedom from stickiness.

Freedom from irritating properties.

Aspiration and Injection of Morphin-Eucain in Tetanus.

John B. Murphy, Chicago, (*Journal of the American Medical Asso.*, Aug. 13, 1904,) says: a patient treated eight days after infection was given three full doses of antitetanic serum, but without effect; the convulsions increased and were almost continuous. Thereupon a lumbar puncture was made and 16 c.c. of cerebrospinal fluid withdrawn. At the same time 3 c.c. of the following was injected:

Beta-eucain	1½ grains.
Morphin sulphate	⅓ "
Sodium chloride	3 "
Distilled water	3½ "

This had been sterilised by boiling. The patient slept 4 hours immediately and through the night 1½ hours at a time. There were only 8 spasms in the succeeding 24 hours. A more severe spasm recurring the next morning, another puncture was made, 15 c.c. of fluid withdrawn, and 4 c.c. of the above injected. This was repeated on the two following days and then, with intervals of two days, two more aspirations and injections were made. He was discharged as cured 10 days later.

The quantities of morphine and eucain used were exceedingly small as this was the writer's first case. There was no sweating, headache or collapse, symptoms frequently noticed after lumbar injection of cocain. He believes the eucain should be increased to ⅙ to ⅓ grain at each injection, and this treatment might be made more frequent. Eucain is much safer than cocain, as it admits of boiling and there is less idiosyncrasy to intoxication. Reduction of the spasms prevents death from exhaustion or interference with respiration. The diminution of pus in the aspired fluid would lead one to believe that lessening of pressure aided the fluid in overcoming infection. There is no reason why the cerebrospinal cavities cannot be washed out by salt or other neutralising solutions.

Local Anesthesia with Eucain and Eucain-Adrenalin.

Otto Simon, First Assistant in Prof. Czerny's Surgical Clinic at Heidelberg, (*Muench. Med. Wochenschr.*, July 19, 1904,) says: the number of operations at Czerny's clinic and dispensary increased respectively from 1,717 and 1,035 in 1897, to 1,955 and 1,502 in 1902. The increase in the number done by local anesthesia alone was from 91 and 21 in 1897, to 185 and 193 in 1902. During the latter year he witnessed the death of a patient from cocain anesthesia. Only 7 c.c. of a 1-per-cent. cocain solution had been injected into the urethra, but convulsions, arrest of the heart and respiration followed immediately. The patient was a young man with sexual neurasthenia and chronic prostatitis. The fluid had remained in the urethra only two minutes at the utmost.

Since then eucain has been exclusively used for anesthesia, with or without adrenalin, and it has been found perfectly satisfactory. It is comparatively nontoxic, and an isosmotic; warmed solution induces anesthesia as effectively as cocain in the same strength. Adrenalin enhances its action, and concentrations of 1 to 20,000 are free from by-effects in subcutaneous injections. The Oberst technic is preferred; 188 operations done with eucain are given. The supplementary adrenalin was particularly valuable in extirpation of deep tumors, lipomata, adenomata of mamma and struma, excision of small tumors of tongue and lips, angiomata, in operating on the jaws, and in small plastic operations. Eucain is particularly useful as a preliminary to cystoscopy.—*Journal of the American Med. Asso.*, August 27, 1904.

Eucain Lactate.

Prof. Katz, of Berlin, (*Therapeutische Monatshefte*, August, 1904,) reports excellent results from the use of eucain lactate in rhinology and otology. This new salt is soluble in water to the extent of 25 per cent., while eucain hydrochlorate is only about 3½ per cent. water solution. A tamponade moistened with 15 per cent. eucain lactate solution and left in the nose for four or five minutes produced a thoroughly satisfactory anesthesia prior to the introduction of the sound for diagnosing the position, size and nature of polypi and nasal hypertrophies. For the removal of hypertrophies by snare or forceps eucain is preferable to cocain, as it is far less toxic and does not cause shrinkage. There is, besides, no secondary hemorrhage, as eucain lactate does not possess the constricting action of cocain. In some cases the new salt was used in 2 per cent. strength for submucosal injection,

with prompt anesthetic effect, despite the bleeding produced by the puncture of the needle.

In otology eucain lactate is advantageously used for the removal of polypi and granulations as well as prior to passing the sound. Here also it possesses the merit of not causing shrinkage. When, however, local ischemia of the mucous membrane is desirable, it may be used in combination with suprarenal preparations.

Prof. Katz was highly gratified with the results from a dusting powder of eucain lactate with milk sugar, used after surgical procedures in the nose. Especially useful was it after cauterisation for the prevention of growths on the mucous membrane, the powder being insufflated daily for about six days.

PRACTICAL PRESCRIPTIONS.

AN EFFICIENT GALACTAGOG.

R Glycerole of the compound acid glycero-phosphates (Huxley) ..... ℥iv.
Distilled water, add ..... ℥xvi.
M. F. Solut. Sig.—One tablespoonful four times daily.

Each dose contains exactly four grains of the acid glycero-phosphates of soda, lime, potash, iron and manganese, in the exact physiological proportions laid down by Huxley, with a 250th part of a grain of strychnine.

It is pleasant to take and is the most reliable of the acid glycero-phosphate preparations.

Under the influence of this solution and suitable diet, the lacteal secretions are increased without fatigue to the mother. The treatment should be continued during lactation for the first three months at least.

ANALGESIC SALVE FOR RHEUMATISM

TO RELIEVE LOCAL PAIN.

R Lanoline (anhydrous) .... ℥i.
Menthol ..... ℥i.
Betul-ol (methyl-oleo-salicylate comp.) ..... ℥i.
Beeswax ..... ℥i.
Misce fiat unguent. secundum artem.

Apply with friction where it is not too tender, or on lint covered with oil silk if very sensitive to rubbing. It gives almost immediate relief.

FOR ACNE OF THE FACE.

R	Betul-ol (methyl-oleo-salicylate comp.	1 gram.
	Ung. storax	1 "
	Lanoline (anhydrous)	20 "

M. F. Ung.

Apply every night with friction for ten days; then interrupt the treatment. Recommence after ten days again if necessary.

GOUTY ECZEMA.

LUFF recommends liq. plumbi for this very obstinate trouble. The following modification will be found very soothing, especially if followed by a simple dusting powder of starch and talc powder.

R	Liq. plumbi subacetatis	ʒi.
	Hux-sal (antiseptic salt)	ʒi.
	Aquæ sambuci ....ad	℥xvi.

M. Ft. Applic. Sig.—For external application over the parts affected. Internally, one capsule of colchi-sal every two hours.

FOR SCABIES.

R	Icthyol	ʒiv.
	Hux-sal (antiseptic salt)	ʒs.s.
	Glycerini	ʒiv.
	Aquæ distil	ʒv.

M. F. Applic. Sig.—Apply externally two or three times daily.

TOPICS OF PUBLIC INTEREST.

Why We Did Not Unite.

(From New York State Journal of Medicine, September, 1904.)

THE following is a copy of the affidavit submitted by the Onondaga County Association in opposition to the motion to amalgamate the two state organisations.

The part which is of special interest is that referring to the notice of meeting at which the state association instructed the committee to proceed in bringing about the amalgamation and voting amalgamation for the state organisation. It appears that in the state by-laws there is no provision for sending notices of meetings, and there are decisions in our state which provide that

in this contingency *personal* notice must be sent to *each member* of a membership organisation like the state association, giving the day, place and hour, and the purposes for which the special meeting is called. This personal notice cannot be given by mail, but must be *served personally upon every individual* person in the association; if one were omitted, that one would have the right to upset the entire plan should he remain away from the meeting.

It appears, therefore, that the action of the state association in March in voting property rights or vested rights of individuals to which the above rules apply, is a nullity, and the result attained of no binding force on the members of the state medical association. This is the situation of affairs at present.

SUPREME COURT.

In the Matter

of

The Application of the Medical Society of the State of New York and The New York State Medical Association, for an order consolidating the said corporations, pursuant to the Act, Chapter 1, of the Laws of 1904.

STATE OF NEW YORK, }
County of Onondaga, } ss.
City of Syracuse, }

GEORGE A. EDWARDS, being duly sworn, deposes and says, in answer to the petition of the petitioners herein, that he is a duly licensed physician and surgeon of the state of New York, and resides at the city of Syracuse, Onondaga county, in said state; that he has practised his profession continuously in said city for more than twenty-seven years; and ever since the organisation of The New York State Medical Association has been and now is a member thereof; that he is also a member of the county association of Onondaga county, and is at present an officer thereof, namely, vice-president; that he is also a member of the Medical Society of the County of Onondaga, but not a member of the Medical Society of the State of New York; that he has read the moving papers herein and knows the contents thereof; that deponent believes it would be unwise to consolidate the New York state medical society and the New York state medical association pursuant to the agreement attached to the moving papers herein, for the reason that the said association has vested property rights aggregating over $30,000 in value in excess of that of said society, which property is the property of the 1,767 physicians composing the said association; that said 1,767 physicians should not suffer a usurpation of their property rights by com-

pelling a division of the assets of the association among the 5,733 composing the state and county medical societies of the state of New York. And, furthermore, the members of the state association are entitled to their personal rights and should have the privilege of maintaining the liberal ethical code under which they have for years practised, which is the code of the American Medical Association. That, by the terms of the proposed agreement said ethical code is entirely surrendered, and the transformed society, until a vote in reference thereto is taken, will be without any code whatever. That said agreement does not contain a complete plan for the adoption of a code, as it makes provision only for the taking of a vote concerning the same. That the code of said association should have been embodied in this agreement, for the reason that it is the code approved by the medical association and must necessarily be maintained if the members of the state society are to become members of the said American Medical Association; but, whether the code of said state association should be adopted, or that of the medical society, there should, at all events, have been in said agreement some ethical code which should have been submitted to all the members of both the state society and the state association and approved by at least a three-fourths vote of all said members at a meeting of said society and association called for that purpose, as provided by section 7 of the membership corporation law of the state of New York. That, to carry out the plan embodied in the agreement will be, in the opinion of deponent, very prejudicial to physicians, and it might result in greater cleavage than has heretofore existed among the members thereof. Deponent believes that before an order is made consolidating the petitioners herein, all the terms should be agreed upon and not left for further consideration by the members of the profession.

And deponent further says, that said agreement is further objectionable since it not only provides that the property of the said state association shall practically be confiscated, but also because it provides that all county associations shall transfer their property and assets to the county society of the same county. That said county associations are independent of the state association, said state association having no control whatever over the assets of any county association, although no physician can become a member of the state association without having been voted in by the county association.

And deponent further says, that, personally, he has never received any notice of a special meeting of the state association called for the purpose of passing on the proposed agreement attached to the moving papers herein. That the by-laws of the state association contain no provision for giving notice of annual or special meetings of the association; and, while deponent has not seen the secretary's minutes, yet he is informed and believes that no notice has been given to the physicians generally who are members of the said association.

And deponent further says, that if the members of the medical profession are desirous of forming a union, in fairness to the members of The New York State Medical Association, the charters of both the New York Medical Society and The New York State Medical Association should be surrendered and their corporate affairs wound up. That, by the present plan, there is a swallowing up, or absorption of The New York state medical association, having assets of over $34,000, with an annual income of $12,000, and a surrendering of its ethical code in addition. That deponent believes the only reason why the state medical society has desired to form a union with The New York state medical association is in order that its members might become affiliated with the American Medical Association; that having such meager assets and a rapidly declining membership, a few of the more potential ones, wishing to escape humiliation and disgrace, devised this plan of gaining membership in the New York state association without resigning from membership in the New York state medical society.

And deponent further says, that he believes the special law passed in 1904 for the purpose of allowing a consolidation of the New York state medical society with that of The New York state medical association is unconstitutional; and that, without the unanimous consent of all the members of said state association, it will be a usurpation of property rights to grant an order consolidating said corporation; that deponent personally objects to such consolidation; and, furthermore, the Onondaga County medical association also objects to such consolidation, and has voted unanimously to oppose this application.

GEORGE A. EDWARDS.

Sworn to before me this 16th day of July, 1904.

CHAS. C. COOK,
Com'r of Deeds, Syracuse, N. Y.

Council Meeting.

(From New York State Journal of Medicine, September, 1904.)

A MEETING of the council of The New York State Medical Association was held August 29. The following letter was received from the counsel to the association, and ordered printed in the *Journal:*

———, August 23, 1904.

Dr. William Harvey Thornton, President, and Council The New York State Medical Association:

Gentlemen—By reason of the physical impossibility of my being present at the meeting of the council to be held on the 29th,

of which I have just this moment received notice, and as I desire to apprise The New York state medical association, through its council, of the exact status of its affairs with reference to the proposed amalgamation, I beg leave to submit the following:

During the session of the legislature of this state last winter, an act was passed authorising the New York State Medical Association and the Medical Society of the State of New York, under certain conditions to unite. Pursuant to the permission granted by this act a special meeting of The New York State Medical Association was called for March 21st, notice whereof having been mailed, stating the purpose of the meeting, to the last known address of each and every member of The New York State Medical Association. At this meeting a resolution was offered and adopted indorsing a plan of uniting the two state medical organisations.

Subsequently, armed with the resolution adopted at this special meeting of the New York State Medical Association, and with a similar resolution adopted by the Medical Society of the State of New York, application was made to the Supreme Court of the County of New York for an order joining the two organisations into one body. The application for this order was made returnable in the Borough of Manhattan, before Mr. Justice Fitzgerald, and upon the return day an affidavit was submitted in opposition to the application, sworn to by the vice-president of the Onondaga County Medical Association, which affidavit, among other things, raised the question as to whether or not a sufficient notice of the special meeting of March 21st had been given to each and every member of the state medical association, to make the particular resolution adopted at that special meeting a valid one binding upon each individual member of the state medical association.

Upon examination of the by-laws of the New York State Medical Association it then appeared that there was no by-law providing for the manner of giving notice of meetings of the association.

The various decisions in this state seem to indicate that where the manner of giving notice of meetings of membership corporations is omitted from the by-laws, then the common-law rule applies which requires that if resolutions are to be passed at any meeting which in any manner involves any personal privilege or rights of person or property acquired by membership in such association, that this notice of the meeting must be served upon each individual member personally, not through the mail nor by word of mouth, and such notice must contain the date, place and hour of the proposed meeting and the purpose for which it is called. Ordinary business meetings, where no such privileges or rights are involved, I believe would not require such formality.

It would seem, therefore, that the resolution in favor of amalgamation adopted at the meeting held on the 21st day of March

last, in so far as it binds the members of The New York State Medical Association to a plan of amalgamation with many other organisations, and in so far as it effects the privileges acquired by membership, and the rights of person or property thus acquired, was null and void and had no effect, and there would appear to be left open but two courses: one is to call a special meeting after such personal notice as I have indicated has been served upon each individual member of the association, which seems well-nigh impossible to perform: the other one is to offer at the October meeting a resolution designating the manner of serving notices upon members of the association, which resolution will stand over for one year when action may be taken anew.

Respectfully yours,

James Taylor Lewis.

Counsel, The New York State Medical Association.

Dr. Townsend offered the following resolution, seconded by Dr. Brown and immediately carried:

Whereas, It appears that there are inconsistencies in the by-laws of The New York State Medical Association, and

Whereas, It appears that one of the causes of the failure of the application for amalgamation of the two state organisations was due to insufficient notice being served upon members of the association, in a measure owing to the fact that provision for the service of notice upon members by mail was omitted from the by-laws of the state medical association.

Resolved, That the special committee on revision of the by-laws, with the assistance and coöperation of the counsel of the New York State Medical Association, be requested to submit for action at the annual meeting in October, 1904, by-laws covering the various deficiencies and uncertainties existing in the by-laws of the New York State Medical Association, and that the secretary be instructed to forward a copy of this resolution to the chairman of the special committee appointed upon a revision of the by-laws.

The N. Y. S. M. A.

(*Editorial New State Journal of Medicine, September, 1904.*)

Since, practically, the only object in the uniting of this association and the society of this state was the preservation of the name of the state society, which demanded not a little respect on account of its hoary locks, and since all the members of the medical profession in this state wish to see harmony and a united front, and since the New York State Medical Association is the body which is affiliated with and a part of the American Medical Asso-

ciation; and since the constitution which the new society was to have adopted is the same, or nearly the same, as the present one of the association, and much improved over the constitution of the society; and since the medical profession as a whole, through committees and elections and votes, and in every way possible, has expressed a desire to have one society in this state, which should be the representative of the American Medical Association, which should have a constitution and by-laws drawn up according to the form recommended by the American Medical Association, and is already adopted by most of the states. Also to preserve the name of the Medical Society of the State of New York.

Now that this scheme has failed, how can the profession most necessarily and readily fill its wants?

The New York State Medical Association, as it exists today, has all these advantages, and many others, to offer its members, with the exception of the name.

It would be nice to have the age of a century, it certainly lends dignity; but if we can't have it except by joining, why, we'll get it that way.

The plan of the organisation in this state, as drawn up, and followed by the New York State Medical Association, is followed now by the American Medical Association and the various states. The protection in malpractice suits, afforded to the members by our legal department, is highly commented upon in the lay press, and is being copied in other states with equal success.

Our directory is the only one which is exact (as far as human care can make it) in this state, and has been called by extensive advertisers the best compiled medical directory in the country.

Our *Journal* is an assured success, and this method of publishing transactions, instead of in the bulky annual order, has been copied in several states, and is soon to be begun in others. In truth, we see no object in dissolving both medical association and the medical society of this state. By so doing we would not gain the advantage of the age of the state society. Necessarily, it would be lost; and what is there left to gain? Everything else is possessed now by the New York State Medical Association. Those who wish these advantages—and we believe all do—can join.

The right hand of fellowship we hold out to all physicians in good standing.

Let those who are jealous to preserve the more aged society belong to both. Preserve the other if you will, by a meeting now and then—though, for ourselves, we are not antiquarian (some of us).

We want a united front, we of the medical profession of New York State, and rather than go to further expense and trouble, and take a larger time to accomplish what can be accomplished immediately, except for the promulgation of an ancient and honorable name, let those who have been waiting now come forward and join the association. What is the use to any one of further litigation? The law has decided that what we all wanted and wished for is impossible. Let us accept the next best plan, and with love and affection, and faithfulness to the old society, by its members who cherish its memory—let us all, every one, come together in The New York State Medical Association.

CORRESPONDENCE.

Complimentary Dinner to Dr. John B. Chapin.

Editor Buffalo Medical Journal:

Sir—During the present year Dr. John B. Chapin, superintendent and physician of the Pennsylvania Hospital for the Insane, Philadelphia, will have completed a half-century's work in behalf of the insane. He was appointed assistant physician at the State Lunatic Asylum, Utica, New York, 1854. Afterward he became connected with the late Dr. George Cook in the conduct of Brigham Hall, Canandaigua, New York, and then, first as one of the building commissioners, and subsequently as physician and superintendent, with the Willard Asylum for the Chronic Insane, an institution made famous under his organisation and work.

Since 1884, he has been the medical chief of the Pennsylvania Hospital for the Insane, succeeding the late Dr. Kirkbride. His friends deem the completion of this long period of work, rounding out a half century in one department of medicine, a proper occasion on which to express to Dr. Chapin their personal affection and their appreciation of the extent and value of his work.

It is proposed to give Dr. Chapin a dinner some time in November or possibly December next, and to have his portrait painted for presentation to him and his family in honor of the event. To accomplish this purpose a committee has been formed to solicit subscriptions and to make all other arrangements. The committee is sure that you will consider it a privilege and honor to contribute to this purpose by publishing this statement.

Subscriptions may be sent by check or money order payable to

Edward N. Brush,
Sheppard and Enoch Pratt Hospital,
Station A, Baltimore, Md.

September 5, 1904.

The following-named constitute the committee: Henry E. Allison, Matteawan State Hospital, Fishkill-on-Hudson, N. Y.; J. W. Babcock, State Hospital, Columbia, S. C.; Benjamin Blackford, Western State Hospital, Staunton, Va.; G. Alder Blumer, Butler Hospital, Providence, R. I.; Edward N. Brush, Sheppard and Enoch Pratt Hospital, Towson, Maryland; Dwight R. Burrell, Brigham Hall, Canandaigua, N. Y.; Edward Cowles, 419 Boylston street, Boston, Mass.; Richard Dewey, Milwaukee Sanitarium, Wauwautosa, Wis.; W. A. Gordon, Northern Hospital, Winnebago, Wis.; Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; A. E. Macdonald, Manhattan State Hospital, New York; S. Weir Mitchell, 1524 Walnut street, Philadelphia, Pa.; A. R. Moulton, Pennsylvania Hospital for the Insane, West Philadelphia, Pa.; William Osler, 1 West Franklin street, Baltimore, Md.; Charles W. Pilgrim, Hudson River State Hospital, Poughkeepsie, N. Y.; Theophilus O. Powell, Georgia State Sanitarium, Milledgeville, Ga.

IN THE VOMITING OF PREGNANCY.

Crowley, in the *Journal of the American Medical Association*, recommends this prescription for the vomiting of pregnancy:

℞	Salicylate of bismuth	4.00 (℥i.)
	Oxalate of cerium	4.00 (℥i.)
	Menthol	.66 (gr. x.)
	Muriate of cocaine	.19 (gr. iii.)
	Bread	4.00 (℥i.)
	Elixir of orange, to make	180.00 (℥vi.)

Mix. Dose—Teaspoonful every three or four hours.

In many cases, however, it will be found unnecessary to use so much of a mixture as the above. Very often two or three drops of tincture of nux vomica in a few drops of water will control vomiting when everything else fails. This may be repeated every half hour. If it fails reduce the dose to one drop every ten minutes.

Another treatment which is deserving of trial is Francesco's. He uses valerian and reports two cases in which he was able to control the uterine reflexes which give so much trouble. The valerian was successful when other remedies, including morphine, both by mouth and rectum, had failed. The infusion is used as an enema.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges should be addressed to the editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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The Medical Aspect of the Eastern War.

ASIDE from the general public interest attaching to the great success of Japanese arms in war in the Far Orient over the control of Manchuria, there is a side to the conflict which, while little is said of it in the daily newspapers, has a direct bearing on the morale of the two armies. This is the hygienic and sanitary aspects of the war, and when the methods of both armies are compared, one cannot help feeling a deep sense of pity for the unfortunate Muscovite who is battling beneath the banner of the Bear.

Military experts of all nations have agreed that the Japanese army is far and away the better fighting machine today, due perhaps to the preparedness with which it entered the conflict. Without going into the detail of official inefficiency and bureaucratic corruption, which has been credited to Russia, and which has no proper place in these pages, a brief résumé of the methods of the opposing forces in dealing with hygienic and sanitary affairs, field treatment of wounds, transportation facilities and hospital equipment, will, in a measure, explain to the medical man some of the discouraging defeats which Kouropatkin has suffered. A sick army is worse than no army at all; an army poorly fed, illy-clothed and cognisant of the horrors of medical neglect is really worse than a sick army.

The Japanese surgeons prepared for war in times of peace. They took part in the annual maneuvers; not as sightseers, but as workers. Hospital tents were erected and relief stations established. Supposedly wounded men were received and prepared for operation for every wound probable or possible in actual warfare. The instruments were actually sterilised, the solutions were

mixed with full strength drugs and chemicals and dressings were made ready, and the forms of operation were actually gone through with, dressings applied, the wounded man being carried to his cot and watched as if he were really under an anesthetic. Sick diet was prepared and even administered; transportation of sick and wounded was carried out and all patients were properly recorded and never lost sight of at any time. The supposedly dead men were removed without delay from hospitals and placed in dead house tents where preparations were made for incineration of the bodies. In fact, the whole system of efficient, rapid and intelligent care of sick and wounded was gone over, and each man in the medical department from the chief surgeons to the humblest orderly was made ready.

The apparent waste of material in preparation called forth from an English surgeon the remark that such waste was useless in mere rehearsal. This was replied to by the Japanese surgeon-general in an epigram, terse and pregnant of meaning:

"Nothing is wasted which is conducive to the health and comfort of a Japanese soldier."

Now, in real warfare the Japanese medical department is an efficient, smoothly-working machine, and the soldier is getting the full benefit of the "waste" in time of peace. Further, the medical department of the army has left behind it a path free from epidemic. The dead are incinerated on the field of battle and their ashes boxed and sent to Japan for burial. The burning is done by Chinese coolies under the direction of a Japanese medical officer, and oil is the fuel used. That is a pen picture of the methods in the field, painted by a race that has been looked upon for years as "heathen."

See now, how the enlightened white man of Russia, the great and ever-ready, deals with similar problems. They grew careless in their might. The wounded and sick of the Russian forces were shipped back from the front, first to Liao-yang; then to Mukden, and now are being deserted on the field for lack of transportation facilities. There may be some film of excuse for this desertion because the Russian army is harassed by a tenacious and persistent foe and in the recent days the Bear has had to travel fast, and sick and wounded are impedimenta which hamper rapid movements. Yet before this unseemly haste was a necessity the Russian wounded and sick were given scant care. They received such aid as may be on the field or at temporary dressing stations at which little provision had been made for more than a mere skirmish in many cases. The hospital bases were not connected with the firing line or with headquarters by wire

and hence had no information of the shipment of large numbers of sick and wounded, who were dumped in on them unawares and unprepared for.

Into Mukden came the sick and wounded later, by authority of newspaper correspondents, packed in dirty box cars, lying on the bare floors without even a blanket; the majority of the wounded were as they had been taken from the field; their clothing in rags and dirt encrusted; their wounds open and exposed, or mayhap tied up with a kerchief or a rag of clothing; the wounded huddled in with the sick, the greater number of whom were suffering with that dread army disease—dysentery. This condition was bad enough, the packing of sick and wounded indiscriminately into box cars and dirty ones, at that; but there were absolutely no sanitary provisions made; there were no steps to the cars—the sick and wounded were practically prisoners. Even at way stations where the trains were held for the passage of troop transport trains hurrying to and from the front, the sick were not allowed the luxury of the use of the foul little closets, but were kept in the cars. It does not need a very active imagination to picture the condition of these poor wretches of the Czar's soldiers on their arrival at their destination—the base hospital—only to find that there had not been provision made for their reception, and that they were compelled to remain an indefinite time in the cars until hasty preparations could be made for their reception as patients.

The latest phase of incompetency on the part of the Russians adds to the horror of a corrupt and illy-administered campaign. The medical department is not to blame. It is doing what it can with what it has. The vast sums of money which have been appropriated for hospital use and medical supplies have been stolen by the bureaucrats, the open charge having been made in newspapers in different parts of the world that one of the grand dukes of the imperial family had diverted to his own use the money which came into his possession for the purchase of medical equipment.

It is no wonder the Japanese soldier can fight for twelve or fifteen days at a stretch, cover wide ranges of territory and go into battle again apparently as fresh as at the beginning, while the Russian soldier is fagged and sick and discouraged by defeat on defeat. The Japs constitute a healthy army; the Russians, a sick army.

We have not written in a spirit of prejudice, but have aimed simply to give a general summary of the facts as delineated in the medical and lay press.

American Association of Obstetricians and Gynecologists.

THE seventeenth annual meeting of this association, held at Saint Louis, September 13, 14, 15 and 16, 1904, under the presidency of Dr. Walter Blackburn Dorsett, of that city, in some respects was noteworthy and is destined to become famous in the history of the association.

It is a dangerous experiment to hold a scientific medical meeting within the shadow of such an attraction as the great World's Fair, now holding forth at Saint Louis. The temptation to desert the sessions for the exhibition with its numberless allurements, is a factor to be reckoned with in appointing such a meeting. In this instance it was met by holding only morning sessions and extending them one day beyond the usual custom, giving four mornings to the entire work. This plan proved a satisfactory solution of the difficulty, the house being full for four hours every morning, the afternoons and evenings being given over to the exposition for all who so desired. This has been a hard working association for sixteen years and deserved the little recreation that the plan carried out at Saint Louis afforded.

The work done at this meeting will take rank along with that heretofore consummated by the association, which even its critics acknowledge to be not second to that of any other similar body. In spite of great difficulties, in the face of contemptuous opposition, notwithstanding desperate attempts to lure some of its prominent members away from its guild into a rival society, (happily without success), without congresses to lean upon—even despite them—this association has gradually risen from obscurity to fame, until now it occupies a position quite in the forefront of the splendid group of American special societies.

At the Saint Louis meeting the attendance was large, the papers were of a high order, while the discussions were crisp, snappy, logical, even in some instances conclusive, and always full of interest. The social entertainments were singularly felicitous, in which were included an automobile excursion about the city for the ladies, under the direction of the committee of arrangements, and the reception given at the Missouri State building within the exposition grounds, by the Saint Louis Obstetrical and Gynecological Society, led by its accomplished president, Dr. L. E. Newman. The banquet at The Monticello, Thursday evening, was unusually well-appointed, the speeches being of a quality beyond the ordinary pitch at such dinners. Every speaker was original, witty, even brilliant in his response to the demands of the toastmaster. The vocal singing that interspersed the speaking was effective and lent zest to an already sparkling, charming event.

The Saint Louis meeting will be remembered long by those who participated and the distinguished president, together with his Saint Louis colleagues, merited and received the thanks of the association for providing so liberally for the mental and physical entertainment of the visitors and members.

The association voted to hold its next meeting at New York in September, 1905, and elected officers for the eighteenth year as follows: president, Howard W. Longyear, Detroit; vice-presidents, D. Tod Gilliam, Columbus, and John Young Brown, Saint Louis; secretary, William Warren Potter, Buffalo; treasurer, Xavier O. Werder, Pittsburg; executive councillors (to fill vacancies) James F. W. Ross, Toronto, and Walter B. Dorsett, Saint Louis.

Dr. Kenneth W. Millican.

THE *New York Medical Journal* has enjoyed the rare fortune since its foundation many, many years ago of having for its editor-in-chief one of the most accomplished and erudite members of the medical profession, who may be regarded as the dean of the medical journalistic corps.

Dr. Frank P. Foster is everywhere recognised as embodying, as nearly as possible in human nature, the idealistic in medical editorship. During the past few years he has enjoyed the coadjutorship of Dr. Kenneth W. Millican as associate editor to whom, in no small degree, is due the recent advancement of the journal. It had outgrown the editorial management of any one man, no matter how able, and Dr. Foster was fortunate in summoning to his aid a man of such rare mental and physical equipment as Dr. Millican possesses. During Dr. Foster's long illness last winter and spring the editorial affairs of the journal were conducted with such rare skill and judgment that but few, we feel justified in saying, knew that the senior editor temporarily had taken his hand off the helm.

The foregoing is but a prologue,—a curtain raiser, in the language of the day,—to the real purpose of this writing. Dr. Millican's abilities, as might have been expected, attracted the attention of other journals and publishers, and so, in the course of time he was invited to other fields. Among his flattering offers came one from the *Saint Louis Medical Review*, a weekly of ancient lineage and honorable career. The terms of this proposal were so liberal that Dr. Millican felt they were not to be declined; and so he has betaken himself to the city of the Louisiana Purchase Exposition to become installed as editor of the *Review*, with its first issue in this month of October.

Dr. Millican's talents will have opportunity in this new field to develop the periodical of which he assumes control, into an influential journal that shall represent the medical profession in the west and south; indeed, its field should begin with the Ohio and Mississippi valleys and reach to the Pacific slope. We congratulate the *Review* upon the career that awaits it under its new editorial management, and extend to Dr. Millican our cordial good wishes in his new undertaking.

But, alas for Dr. Foster! We fear he will not easily find so able and useful an associate.

What appears to be an authentic case of syphilitic reinfection occurring six years after previous manifestation of a syphilitic attack is reported by Klotz. The symptoms yielded to mixed treatment, as reported by the *Journal of the American Medical Association*, with recurrent exacerbations in the form of gummatous swellings over the ribs, bones of the leg, finger, and the like. In the initial attack there was no history of chancre, although in the reinfection this was quite evident.

Klotz sees no reason to doubt the authenticity of the case, there being a typic primary lesion, followed by glandular enlargement, a rash, iritis, a papular eruption and finally hemiplegia.

If, as Klotz believes, the final attack was true syphilis, the case gives good ground for his belief that tertiary manifestation of syphilis may be directly produced through inoculation from a tertiary lesion in another individual.

The article on Chinese Medicine in this issue was originally written by Mrs. Bishop for publication in the *Anglo-Saxon Review*. It is one of the most comprehensive articles on the subject in brief form which has yet appeared.

The added notes on Chinese medicine are based on the personal experiences of the author during several years residence among the Chinese in New York. That portion referring to Chinese Surgery is properly credited.

Few people know that in Paris there is very little garbage collected, for the very good reason that there is no waste. The surplus and remnants of food from the tables of cafés, hotels, and even private families, are used in a state just below themselves, that the remnants of these second tables, let us call them, supply a third grade and so on down to the poorest hovels, until all the nourishment is stewed, boiled and scraped from every morsel of food. The system is almost absolutely perfect.

The sale of certain proprietary medicines has been enormous and inexplicable save through their extraordinary testimonials, some of which must have puzzled even physicians whose attention may have been drawn to them. An explanation is now forthcoming through an associated press communication, says an editorial in the *New York Medical Journal,* which we transcribe:

Remarkable testimony has been obtained by the postoffice department as to the ways in which testimonials are obtained by some of the big concerns engaged in this business. One large firm admitted that it had agents out seeking persons who had formerly occupied prominent positions in the community, but had suffered financial reverses and were harassed by debts they were unable to settle. The agents would obtain possession of the unpaid accounts, and would then apply pressure to the unfortunate victims, demanding immediate payment in full. Finally, after long persecution, the desperate victim would be invited or commanded to call at the office of an attorney, where he would be given to understand that if he would sign and swear to a testimonial a receipt in full for the claims against him would be given. This seems incredible, but the facts are now on file in the records of the postoffice.

It is hard to believe in such villainy. It is abominable that the article from which we make the foregoing quotation is headed in the lay press, "Methods of Medical Men."

Two very sensible suggestions are made by Kossman in the *Centralblatt für Gynekologie* in discussing the liability of physicians and surgeons to attack on the part of blackmailers and shyster lawyers through malpractice suits. He advocates the signing of a paper placing the patient in the surgeon's hands, to do as his best judgment dictates. When a surgeon hears of the contemplation of a suit for damages, he should bring suit for libel, thus placing the prospective plaintiff on the defensive, and invariably turning the tables.

The Institute of Medical Research, endowed by John D. Rockefeller, is erecting a new laboratory in New York City, which will be five stories high, 136 feet wide and 60 feet deep, with a facade of limestone and brick, and having a porch entrance flanked with decorative columns for the support of electric lights. The first floor will contain an assembly hall, a library and study, and the directors' room. The upper floors will contain a series of large general and special laboratories and research rooms. The top floor will have a dining hall and living quarters, and the roof will

have a special operating room and quarters for the animals under examination. A two-story building for animals and for electric power will adjoin the main structure. The cost will be over $300,000.

Elsewhere in this issue—namely, under "Topics of Public Interest," we publish three articles from the *New York State Journal* of Medicine for September, 1904. The first two are explanatory of the status of the unification scheme and show why it was not accomplished as well as indicate what is still to be done to bring about amalgamation between the two state medical organisations. The third is an editorial commenting upon the situation. We confess that, just at this delicate juncture, we should not have written the latter had we been in the editor's place, but we gladly publish it that our readers may be advised of the different viewpoints concerning unification in the state of New York, in order to be able to judge accurately of the motives that are employed either to promote or retard it.

The statue to be erected to the memory of Dr. William E. B. Davis, late of Birmingham, Ala., to which we have before referred in these columns, is nearly completed. It will be placed in Capitol Park, in the city of Birmingham, during this autumn, and will be unveiled December 16, 1904, during the meeting of the Southern Surgical and Gynecological Association in that city.

The model has already been accepted by the artist, G. Moetti, the noted sculptor of New York, and has received the approval of Mrs. Davis and other relatives. It has been cast in bronze and will stand twenty feet high, measuring from the base of the pedestal. It will become an enduring monument to the famous young surgeon, who left behind an imprint on the guild of medicine more enduring than granite, brass, or bronze.

PERSONAL.

Dr. Grover W. Wende, of Buffalo, sailed for Europe in the last days of August to attend the International Congress of Dermatology, at Berlin, which was held in mid-September. Dr. Wende has already returned to Buffalo.

Dr. Charles G. Stockton, 436 Franklin street, Buffalo, announces a change in his office hours. Hereafter, excepting Sun-

days, he can be found at home between the hours of ten and one o'clock.

Dr. Frank W. Low, of Buffalo, has removed his dental offices from his former location, No. 680 Main street, to No. 52 North Pearl street, between Virginia and Allen streets.

Dr. Eugene Smith, of Detroit, has been elected third vice-president of the American Academy of Ophthalmology and Otolaryngology. This action was taken at the organisation's meeting in Denver, Col., August 27, 1904. It is possible that the next meeting may be held in Detroit.—*Detroit Med. Jour.*

Dr. J. Wesley Bovee, of Washington, D. C., has removed to The Rochambeau, Connecticut avenue and H street.

OBITUARY.

Dr. Martin S. Kittinger, of Lockport, died at his home in that city, September 11, 1904, aged 77 years. He had been in declining health since last winter when he took cold, which clung to him with tenacious severity. Nevertheless, he kept at his professional work, even going into the country during the severest weather in response to professional calls. In June he visited Atlantic City, but was not benefited by the change. He, however, continued his work after his return, making a stubborn contest with the disease that his rugged constitution resisted for a time, but could not conquer.

Dr. Kittinger was a native of Niagara County in which he lived all his life, excepting during four years devoted to army service. He graduated in medicine at the College of Physicians and Surgeons in 1853, and began practice in his native county. He was commissioned surgeon of the 100th Regiment, New York Volunteers, February 2, 1862, and served in the Army of Potomac until mustered out, January 9, 1865. He acquired fame as an army surgeon, and was put in charge of a field hospital of division, his rank being that of major.

After leaving the military service he returned to Lockport, where he soon built up a large practice and became a leading surgeon in the county. He also was accomplished as an ophthalmologist.

Dr. Kittinger was one of the organisers of the Lockport Business Men's Association and at his death one of its directors. He was a member of the Medical Society of the County of Niagara and for years its president. He was twice married, his first wife being Laura M. Day, who died about thirty-four years ago. She left him three sons, who survive the father. They are: Martin S. Kittinger, Jr., Harry D. Kittinger and Dr. Ferdinand A. Kittinger of Lockport, coroner of Niagara County. His present wife was Emma Lackor, who bore him one daughter, Mrs. Seth Van Loan, of Philadelphia, who has spent the summer at home at her father's bedside.

Dr. Kittinger was a man of strong personality, a striking figure, with keen eyes and raven black hair, showing not a trace of gray. He will be sadly missed by his family and in the community in which he bore a prominent part as a sterling citizen.

Dr. Jacob Chambers, of Kingston, N. Y., a graduate of the University of Buffalo, 1875, died at his home September 16, 1904, aged 52 years. He was one of the managers and surgeons of the Kingston City Hospital and physician to the family of Judge Alton B. Parker, democratic candidate for the Presidency.

Dr. Niels R. Finsen, of Copenhagen, died September 24, 1904, aged 43 years. He was a pioneer in photography and established at Copenhagen "Finsen's Medical Light Institute" for the treatment of lupus and other skin diseases. He was an indefatiguable worker despite an incurable malady, and left a name and fame that will last during the centuries. His funeral was attended by two kings and many other officials of high rank.

Dr. William Rice Pryor, of New York, died at Saint Vincent's Hospital in that city, August 25, 1904, aged 46 years. Dr. Pryor had attained eminence as a gynecological surgeon and was the author of many articles relating to his special line of work, as well as a textbook on gynecology. He was the youngest son of Roger A. Pryor, a former brigadier general in the Confederate service during the civil war, and a former judge of the Supreme Court in New York.

Dr. Pryor was graduated from the College of Physicians and Surgeons in 1881 and became professor of gynecology in the New York Polyclinic in 1884. He was visiting gynecologist to the Polyclinic Hospital and consultant at St. Vincent's. He was famous for his considerate attention to the poor, whom he served with a wise liberality, even beyond his means. What better epitaph could be inscribed on a tomb?

SOCIETY MEETINGS.

Buffalo Academy of Medicine.

OFFICERS—SESSIONS, 1904-1905.

PRESIDENT, Arthur W. Hurd; secretary, Edwin A. Bowerman; treasurer, Charles S. Jewett; trustees, Eugene A. Smith, (one year); Ludwig Schroeter, (two years); Thomas F. Dwyer, (three years). The vice-presidents by virtue of being chairman of the various sections are: Allen A. Jones, chairman, section on medicine; Edgar R. McGuire, chairman, section on surgery; William G. Taylor, chairman, section on obstetrics and gynecology; Frederick C. Busch, chairman, section on pathology; ————————, chairman, section on ophthalmology, otology, etc. The council is therefore composed of the aforementioned officers, the president of the academy of the previous year, J. W. Grosvenor, and the secretaries of the sections, who are: Franklin W. Barrows, secretary, section on medicine; David E. Wheeler, secretary, section on surgery; Francis M. O'Gorman, secretary, section on obstetrics and gynecology; Herman K. DeGroat, secretary, section on pathology; ———————— ————————, secretary, section on ophthalmology, otology, etc.

PROGRAM, 1904-1905.

September 6, Surgery—(*a*) Further investigation of the use of hot air in the treatment of surgical infections, Marshall Clinton. (*b*) Cancer of the alimentary canal, with special reference to operations, A. L. Benedict.

September 13, Medicine—(*a*) The use of antistreptococcus serum, Edward Villiaume. (*b*) Asthma and its relations to environment from a blood etiological standpoint, George N. Jack.

September 20, Pathology—Meeting at the Physiological Laboratory, University of Buffalo. (*a*) On the accuracy of the hypobromite method for the determination of urea, F. C. Busch and W. H. Mosher. (*b*) Two cases of bilateral double ureter, James A. Gibson. (*c*) The physiology of the heart with practical demonstrations, F. C. Busch. (*d*) The influence of the Röntgen ray on circulation, Ward Plummer.

September 27, Obstetrics and Gynecology—Sterility as a result of retroversion of the uterus with reports of thirteen cases of pregnancy following Alexander's operation, Herman E. Hayd.

October 4, Surgery—Stated meeting of the academy. (*a*) The question of drainage in operative work on the gallbladder

and hepatic ducts, Eugene A. Smith. (*b*) Subject to be announced, John Parmenter.

October 11, Medicine—(*a*) Essential medication in cardiac diseases, Eli H. Long. (*b*) Gastric ulcers, A. L. Benedict.

October 18, Pathology—Subject and place of meeting to be announced.

October 25, Obstetrics and Gynecology—(*a*) Fibroid of the ovary, F. W. McGuire. (*b*) Face presentation, R. L. Banta.

November 1, Surgery—(*a*) Classic art in medicine and surgery, lantern exhibit, Roswell Park. (*b*) The *x*-ray in diagnosis, A. W. Bayliss.

November 8, Medicine—(*a*) The value of certain procedures in the treatment of pneumonia and its complications, DeLancey Rochester. (*b*) The diagnosis of kidney function, Harvey R. Gaylord.

November 15, Pathology—Subject and place of meeting to be announced.

November 22, Obstetrics and Gynecology—Subject to be announced, Matthew D. Mann.

December 6, Surgery—(*a*) Some new views in the treatment of shock, G. W. Crile, Cleveland, O. (*b*) The value of electrical conductivity of the blood and urine in diagnosis of kidney conditions, Harvey R. Gaylord.

December 13, Medicine—Stated meeting of the acadamy. (*a*) Korsakoff's psychosis, Floyd S. Crego. (*b*) The etiology and symptomatology of cerebro spinal meningitis, Frank W. Love. (*c*) Report of a case of meningitis, Ray H. Johnston.

December 20, Pathology—Subject and place of meeting to be announced.

December 27, Obstetrics and Gynecology—Autointoxication and its relation to the pelvic organs, J. E. Walker, Hornellsville, N. Y.

January 3, Surgery—(*a*) Treatment of chancre and chancroid, D. E. Wheeler. (*b*) Subject to be announced, N. W. Wilson.

January 10, Medicine—Subject to be announced, Grover W. Wende.

January 17, Pathology—Stated meeting of the academy. Subject and place of meeting to be announced.

January 24, Obstetrics and Gynecology—An address to empty seats that should be filled by those practising obstetrics, Peter W. Van Peyma.

February 7, Surgery—Subject to be announced, Maurice H. Richardson, Boston, Mass.

February 14, Medicine—Subject to be announced, Jacob S. Otto. The treatment of disease without drugs, A. W. Bayliss.

February 21, Pathology—Subject and place of meeting to be announced.

February 28, Obstetrics and Gynecology—Subject to be announced, Stephen Y. Howell.

March 7, Surgery—Subject to be announced, W. J. Mayo, Rochester, Minn.

March 14, Medicine—(*a*) The care of premature infants, Dewitt H. Sherman. (*b*) Subject to be announced, Albert G. Woehnert.

March 21, Pathology—Subject and place of meeting to be announced.

March 28, Obstetrics and Gynecology—Stated meeting of the academy. (*a*) Cesarian section, Charles E. Congdon. (*b*) Report of a case of Cesarian section, Grosvenor R. Trowbridge.

April 4, Surgery—(*a*) Congenital dislocations of the hip, Bernard Bartow. (*b*) Gangrene of the hollow viscera, Vertner Kenerson.

April 11, Medicine—(*a*) Injuries to the cervical spinal cord, William C. Krauss. (*b*) Subject to be announced, Irving M. Snow.

April 18, Pathology—Subject and place of meeting to be announced.

April 25, Obstetrics and Gynecology—(*a*) Placenta previa, Carlton C. Frederick. (*b*) Abnormal vertex presentation, Earl P. Lathrop.

May 3, Surgery—(*a*) Massage of the heart in cases of impending death, William C. Phelps. (*b*) Arthritis deformans, Prescott LeBreton.

May 9, Medicine—(*a*) Subject to be announced, Albert T. Lytle. (*b*) Subject to be announced, Henry Stadlinger.

May 16, Pathology—Subject and place of meeting to be announced.

May 23, Obstetrics and Gynecology—Alcohol in puerperal sepsis, H. P. Jack, Canisteo, N. Y.

June 13, Annual meeting.

NOTE.—The officers of the sections especially invite the Academy members to present interesting cases and specimens for discussion. This important branch of the work has been neglected in the past, and it is urged that it be given special attention this year, thus adding much to the interest and instructiveness of the meetings.

The Medical Association of Central New York will hold its thirty-seventh annual meeting at Rochester, Tuesday, October 18, 1904, under the presidency of C. A. Vanderbeek, of Rochester. To be included in the program, the titles of papers to be presented should be sent to the secretary by October 1, and to insure prompt publication of all papers in the transactions of the association, the manuscripts should be given to the secretary at the meeting. As these papers are to appear first in the Buffalo Medical Journal, they must not have been published in any other journal, or the secretary cannot undertake to insure their appearance in the transactions. Every member paying the annual dues of one dollar is entitled to a copy of the transactions. Address, C. A. Greenleaf, secretary, 53 South Fitzhugh street, Rochester.

The New York and New England Association of Railway Surgeons will hold its fourteenth annual meeting at the Academy of Medicine, New York, November 17-18, 1904, under the presidency of Dr. C. G. J. Finn, of Hempstead, Long Island. Railway officials and all surgeons interested in this work are cordially invited to attend. For particulars address the secretary, Dr. George Chaffee, 338 47th street, Brooklyn.

The Association of Military Surgeons of the United States is sending out invitations to the opening exercises of the International Congress of Military Surgeons to be held at the Hall of Congresses, World's Fair, Saint Louis, Mo., on Monday afternoon, October 10, 1904, at 2 o'clock. This is to signal the beginning of the thirteenth session of Association of the Military Surgeons of the United States, as announced in the August edition of the Journal.

For the opening session, to which the general public is invited, the hour of 2 o'clock on Monday afternoon has been fixed, as announced above. The other sessions will convene at the Hall of Congresses at 9 o'clock in the mornings of October 11 to 15—Tuesday to Saturday—inclusive.

Every session will be held in the Hall of Congresses provided by the exposition for the numerous congresses and conventions to be held at Saint Louis during the continuance of the fair. The building is located on the exposition grounds directly west of the Administration Building.

It is announced that the Inside Inn has been selected as hotel headquarters for the meeting. The officers of the association will all be quartered there and mail intended for members of the association should be addressed there. It is important to reserve

rooms in advance and blanks for the purpose will be found in the *Journal of the Military Surgeons* for September and October.

Generally—and at all business sessions of the meeting—fatigue or undress uniform will be worn. Full dress uniform or civilian evening dress with the association button or insignia should be worn at evening functions. Officers not now in active service should wear the uniform of the highest grade previously held by them as worn at the time of their withdrawal from active service. For further particulars address the secretary, Major James E. Pilcher, U. S. V., Carlisle, Pa.

Dr. Hamilton D. Wey, president of the Medical Society of the State of New York, has appointed the business committee for the next annual meeting which is as follows: Henry Flood, Elmira, chairman; A. Edward Davis, New York; and Leo H. Neuman, Albany. The meeting will be held at Albany, January 31, and February 1 and 2, 1905.

The fourth Pan-American Medical Congress will be held in Panama the first week in January, 1905. President Amador of the Republic of Panama has appointed the following-named officers: president, Julio Ycaza; vice-president, Manuel Coroalles; secretary, Jose E. Calvo; treasurer, Pedro de Obarrio, and committeemen, J. W. Ross, J. Tomaselli, M. Gasteazoro.

There will be but four sections: surgery, medicine, hygiene and the specialties, to which the following officers were appointed —namely, surgical section, president, Major Louis LaGarde, secretary, E. B. Herrick; medical section, president, Moritz Stern, secretary, Daniel R. Oduber; section on hygiene, president, Colonel W. C. Gorgas, secretary, Henry E. Carter; section on specialties, president, W. Spratling, secretary, Charles A. Cooke.

The Canadian Medical Association held its thirty-seventh annual meeting at Vancouver, B. C., August 23, 24, 25 and 26, under the presidency of Dr. Simon J. Tunstall, of that city, the general secretary being Dr. George Elliott, of Toronto. It was the first time that the association had held a meeting in the Pacific province, and every expectation of a good and a largely attended meeting was fulfilled. The following guests were introduced to the meeting at the opening session: Mr. Mayo Robson, of London, Eng.; Prof. E. C. Dudley, of Chicago; Prof. W. Japp Sinclair, of the Victoria University, Manchester; Dr. McGillivray, of Edinburgh, Scotland; Dr. C. H. Mayo, of Rochester, Minn.; Dr. Oviatt, of Oshkosh, and Dr. Kenneth McKenzie, of Port-

land, Ore. Mayor McGuigan, of Vancouver, who is a graduate in medicine of McGill University, delivered an address of welcome on behalf of the citizens of Vancouver, and Dr. J. C. Davie, of Victoria, B. C., vice-president of the British Columbia Medical Council, on behalf of the profession of British Columbia.

At the morning session of the second day, Mr. Mayo Robson delivered the address in surgery, accompanied by a lantern demonstration, on the pancreas and the diseases of that organ, which attracted a large audience and commanded great attention.

In the evening the president delivered the annual presidential address, dealing mostly with questions pertaining to the medical politics of the Dominion of Canada. Following the presidential address, Dr. E. C. Dudley gave a very able address in gynecology, illustrated with lantern slides, which proved one of the features of the meeting and was very much appreciated by all present.

The meeting was the third largest in the history of the association, which indicates the great distance to be traveled did not diminish the enthusiasm.

The Buffalo Academy of Medicine held meetings during the month of September, 1904, as follows:

Section on Surgery.—Tuesday evening, September 6. Program: Status lymphaticus; its relation to sudden death, Edgar R. McGuire. Hydrocephalus, Marshall Clinton.

Section on Medicine—Tuesday evening, September 13. Program: The use of antistreptococcus serum, Edward Villiaume. Asthma and its relations to environment from a blood etiological standpoint, George N. Jack.

Postponed—The regular meeting of this section, which should, according to the program of session, have been held Tuesday evening, September 20, was postponed.

Section on Obstetrics—Tuesday evening, September 27. Program: Sterility as a result of retroversion of the uterus with reports of thirteen cases of pregnancy following Alexander's operation, Herman E. Hayd; discussion by Drs. Mann, Frederick, Howell and Van Peyma.

Mississippi Valley Medical Association will hold its 30th annual meeting at Cincinnati, Ohio, October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick, of Chicago. The headquarters and meeting places will be at the Grand Hotel.

The annual orations will be delivered by Dr. William J. Mayo, of Rochester, Minn., in Surgery, and Dr. C. Travis Drennen, of Hot Springs, Ark., in Medicine.

Request for places upon the program, or information in regard to the meeting, can be had by addressing the secretary, Dr. Henry Enos Tuley, Louisville, Ky., or the assistant secretary, Dr. S. C. Stanton, Masonic Temple, Chicago, Ill.

HOSPITAL NOTES.

The Texas Sanitarium for the treatment of tuberculosis has been established at Llano, which is located upon desirable soil with excellent drainage and superb climatic advantages. Llano is 100 miles from Austin, on the Houston and Texas Central Railroad, 1,100 feet above the sea and is in every way adapted to the treatment of tuberculosis. The officers of the institution are: president, J. T. Wilson, Sherman; vice-president, J. W. McLaughlin, Galveston; secretary-treasurer, M. M. Smith, Austin.

The Hospital of the Sisters of Mercy is being established at South Buffalo to serve as an accident or emergency hospital for the reception of sick and injured from the populous and growing section near the Lackawanna Steel plant. The mother house of the Sisters of Mercy recently removed from Batavia to Buffalo. This new hospital will serve a good purpose, such an one being much needed in the location where it is becoming established.

BOOK REVIEWS.

A Practical Treatise on Nervous Diseases. For the Medical Student and General Practitioner. By F. Savary Pearce, M.D., Professor of Nervous and Mental Diseases in the Medico-Chirurgical College, Philadelphia. Octavo, pp. 422. Illustrated. New York and London: D Appleton & Co. 1904. (Price, $3.00.)

The monument which F. Savary Pearce erected to his memory and in the upbuilding of which he lost his own life, will stand long after the marble shaft at his tomb has crumbled and disintegrated. Taken off, the result of a complete nervous breakdown from overwork just as his textbook was being received and applauded by his fellow practitioners, Dr. Pearce, like many others, could not see the beneficent result of his labors. It remains for those coming after to judge of the man by his work and no better illustration of Dr. Pearce's endeavors can be found than this treatise completed a short time before his death.

The author's purpose was to prepare a work which would elucidate the known facts of neurology and curtail or omit alto-

gether all doubtful points in this most intricate science. To learn and remember well grounded facts is difficult enough, but to learn and relearn contradictory and uncertain theories is discouraging and demoralising to the student and general practitioner. On this point the author takes a decided stand and the result is seen on every page of the book.

The opening chapters are devoted to the anatomy and physiology of the nervous system, and the two are happily blended so that the student cannot but have a pretty clear understanding of the structure and functions of the component parts of the nervous system. The neuron theory is excellently described and illustrated.

The next following chapters on pathology, symptomotology and general therapeutics and prevention of nervous diseases are carefully written and must convey to the reader clear understanding of these important branches of neurology. The author goes quite deeply into the consideration of the reflexes—a subject little understood among the general practitioners. The description of therapeutic measures as massage, electricity, diet, and gymnastic exercises is an admirable piece of work and deserves careful consideration by the reader. Although brief, still the more essential points are brought out in a most excellent manner.

The chapters on diseases of the peripheral, cranial and spinal nerves are carefully considered and the treatment especially dwelt upon, a feature of this work and one to be applauded. The etiology of many of these conditions are traced to the very latest literature on the subject. In Landry's disease, for instance, the cause is said to be in all probability an autochthonous poison and some cases are reported having been cured.

The chapters on diseases of the brain and spinal cord are also up to date and presented in a clear, definite manner, so characteristic of the author. Many excellent illustrations are found interspersed through these chapters, the majority of which are from the author's own cases, presenting to the eye a method of teaching that cannot be well explained in the text. The remaining chapters are devoted to the consideration of the haptoneuroses, functional diseases, disorders of sleep and a formulary.

This work can be cheerfully recommended to the student and busy practitioner as one of the best short treatises on the subject.

W. C. K.

Epilepsy and Its Treatment. By William P. Spratling, M.D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net.)

The first treatise on epilepsy by an American author is likely to attract attention; and when, to that statement, is added the further fact that it embraces the observations made by the writer of the book at the first colony for epileptics established in the west-

ern hemisphere, an added interest attaches to its publication at this time.

The treatment of epilepsy for a long time lagged behind the management of other mental disturbances; but, stimulated perhaps by what the Germans are doing for epileptics, Dr. Frederick Peterson and others began to agitate the propriety of establishing a home for the care and treatment of these unfortunates in this state. Mr. Craig, a philanthropist of Rochester, a prominent member of the state board of charities, lent a willing hand and a plethoric purse to the measure, and all these and other influences finally established the colony at Sonyea, which appropriately took the name of Mr. Craig.

Dr. Peterson, with equal appropriateness, became the president of the board of managers and mainly through his solicitation and recommendation, Dr. Spratling was appointed superintendent. This treatise is the recorded experience of the latter during his ten years' incumbency, as well as that gained in the care of epileptics at the New Jersey State Hospital and at the Vanderbilt Clinic. This has undoubtedly offered him the largest experience of any single American observer, hence great value attaches to Dr. Spratling's book.

The volume consists of seventeen chapters besides an introduction and an index, in each and all of which it is addressed to needs of both general practitioner of medicine and undergraduate student. It deals distinctly with the most modern methods of treating epilepsy, and presents them in elaboration without becoming diffuse or wearisome. Indeed, the author is a master of concise and forceful English, therefore presents even his dryest facts in attractive form.

The underlying theme of the treatise, all the way through, is that the individual as well as the disease must be treated. The special forms of mental, moral, physical, and hygienic management, so essential to success and which are made a part of the present day system of treating the epileptic, are set forth with emphasis; in short, Spratling presents a book of today that will be read with interest and profit by every physician.

The manifestations of epilepsy are so peculiar and oftentimes subtle, that even an expert may be puzzled occasionally to affirm with certainty that the disease exists in a given case. This book will serve as an aid in doubtful cases and as a guide to the more intelligent and humane management of a most unfortunate class of afflicted human beings.

Graves's Disease With and Without Exophthalmic Goitre. By William Hanna Thomson, M.D., LL.D., Physician to the Roosevelt Hospital, New York. Octavo, pp. 143. New York: William Wood & Co. 1904. (Price, $1.50.)

The author's object is to emphasise the fact that the constitutional and general derangements which are characteristic of

Graves's disease constitute the disease, and not the condition of the thyroid gland or its accessories. The author's opinion is supported by a series of personal cases, with thyroid involvement on one hand and cases without thyroid involvement on the other, and comparisons made to show that the disease may have no recognisable and therefore probably no necessary relation to any state of the thyroid gland. The symptomatology and treatment of Graves's disease is gone into quite thoroughly and the use of a mercerised laxative strongly urged twice weekly. Tachycardia is regarded as the specific symptom, and exophthalmos and goitre as secondary manifestation.

The author's manner of proving his theory is very methodical and perhaps convincing; yet there are many who still agree with Möbius that the disease is secondary to thyroid morbid activity.

W. C. K.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfurt a. M. Authorised American edition, translated under the direction of Boardman Reed, M.D., Philadelphia. Part V. Concerning the Effects of Saline Waters on Metabolism. New York: E. B. Treat & Company. 1904. (Price, 75 cents.)

It is important, in these days of recommending patients to "the springs," that intelligent advice should be given. No doubt, saline waters have much influence over digestion; no doubt, also, that they are taken many times without definite reason or systematic method. It becomes physicians to be prepared to give advice in regard to the matter that will at least promise wholesome results; therefore, he should, himself, be well informed concerning balneologic therapy. This book will assist in solving many questions pertaining to the effects of saline waters on the economy.

Medical Diagnosis. Special Diagnosis of Internal Medicine. A Handbook for Physicians and Students. By Dr. Wilhelm v. Leube, Professor of Medicine, and Physician-in-Chief to the Julius Hospital at Wurzburg. Authorised Translation from the Sixth German Edition. Edited by Julius L. Salinger, M.D., late Assistant Professor of Clinical Medicine in the Jefferson Medical College. Octavo, pp. 1084. With five colored plates and 74 illustrations. New York and London: D Appleton & Co. 1904. (Price, $5.00.)

The Germans, notoriously close students, are renowned also for accuracy. This is very true with reference to diagnosis. Professor Leube has been known favorably in America for many years, and he is frequently quoted regarding his studies relating to the stomach. None the less is he a diagnostician and this handbook will be welcomed in its American translation by every student and practitioner who is not a master of the German language.

We have had occasion to point out often in these columns, not by any means as an original thought, but as one of the funda-

mental truths, that diagnosis lies at the threshold of medicine following next to anatomy and physiology. After mastering the latter the neophyte must of necessity turn his attention to the former. In just that proportion to which he attains proficiency in the diagnostic science will his fame as a skilful physician rise. He should stock his library first with works on diagnosis; they are not so numerous but that he should possess himself of each and all. A young physician is to be judged, in large measure, by the nature of the books he keeps company with.

In the very nature of things a work on diagnosis is not fitted to analytical criticism. Leube's distinguishing feature is his accentuation of differential diagnosis, especially in internal diseases. He presents the whole subject in the most modern light. The editor has added some excellent descriptions in brackets, thus bringing the entire treatise forward to the immediate present.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States for the Fiscal Year 1903. Washington: Government Printing Office. 1904.

We have called attention heretofore in these columns to the importance of these reports, and to their great interest for all persons bearing official relations to the public health, for teachers of sanitary science, and for those who are pursuing investigation relating to these questions.

The division relating to foreign, insular and domestic quarantine is full of valuable information. The report on domestic quarantine by Assistant Surgeon-General Glennan takes up the subject of the plague at San Francisco, which provoked considerable controversy and generated some ill-feeling on the Pacific Coast two years ago. The propriety of the action taken by the Marine Hospital and Public Health Service cannot be questioned.

The division of scientific research presents some material of interest among which is a report of a case of lipoma arborescens, with photographs and microphotographs, by Assistant T. B. McClintic. The specimen is a rare one and will attract the attention of pathologists.

Obstetric and Gynecologic Nursing. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. Duodecimo, 402 pages, illustrated. Second edition, revised. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Polished buckram, $1.75 net.)

Three years ago, when the first edition of this book appeared, it received the commendation of the medical profession as being the most comprehensive as well as the most scientific treatise on obstetric nursing that had been issued. The second edition, now before us, presents the work in revised form with additions, which serves to keep it in the forefront of literature of its class. Every nurse with any pretentions to the name should own this

book and make it a part of her regular studies. It is a scholarly treatise, and deserves to rank as a nursing classic.

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume V. Obstetrics. Edited by Joseph B. DeLee, M.D., Professor of Obstetrics, Northwestern University Medical School, Chicago: The Year Book Publishers. 1904. (Price, $1.00; entire series, $5.50, payable in advance.)

This is one of the most important volumes in this excellent series. It exhibits in compact form all the literature of the year pertaining to obstetrics that possesses real value. The compilation is discreetly made by a man of experience in teaching and editing. Considerable space is given, as should be the case, to the pathology of pregnancy and the puerperium. The care of the newborn child, another practical theme, is given important consideration. Altogether, it is a book from which many useful hints in the management of obstetric patients can be obtained, hence is of special value to the general practitioners of medicine.

BOOKS RECEIVED.

A Textbook of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Fifth edition, thoroughly revised. Octavo volume of 539 pages, with 221 fine original illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $3.75 net.)

A Textbook of Materia Medica: Including Laboratory Exercises in the Histologic and Chemic Examinations of Drugs. For Pharmaceutic and Medical Schools, and for Home Study. By Robert A. Hatcher, Ph.G., M.D., Instructor in Pharmacology in Cornell University Medical School of New York City; and Torald Sollmann, M.D., Assistant Professor in Pharmacology and Materia Medica in the Medical Department of the Western Reserve University of Cleveland. Duodecimo volume of about 400 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Flexible leather, $2.00 net.)

Examination of the Urine. By G. A. deSantos Saxe, M.D., Pathologist to the Columbus Hospital, New York City. Duodecimo volume of 391 pages, fully illustrated, including 8 colored plates. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Flexible leather, $1.50 net.)

A Handbook of Surgery. For Students and Practitioners. By Frederic R. Griffith, M.D., Surgeon to the Bellevue Dispensary, New York City; Assistant Surgeon at the New York Polyclinic School and Hospital. Duodecimo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Flexible leather, $2.00 net.)

A Textbook of Clinical Diagnosis. By Laboratory Methods. For the use of Students, Practitioners, and Laboratory Workers. By L. Napoleon Boston, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadelphia; formerly Bacteriologist at the Philadelphia Hospital and at the Ayer Clinical Lab-

oratory of the Pennsylvania Hospital. Octavo volume of 547 pages, with 320 illustrations, many of them in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Cloth, $4.00 net; sheep or half morocco, $5.00 net.)

A System of Practical Surgery. By Drs. E. von Bergmann, Berlin, P. von Bruns, Tübingen and J. von Mikulicz, Breslau. Volume IV. Surgery of the Alimentary Tract. Translated and edited by William T. Bull, M. D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York. To be complete in five imperial volumes. Philadelphia and New York: Lea Brothers & Company. 1904. (Price, per volume: cloth, $6.00; leather, $7.00; half morocco, $8.50.)

A Practical Treatise on Genitourinary and Venereal Diseases and Syphilis. By Robert W. Taylor, A.M., M.D., Clinical Professor of Genitourinary Diseases at the College of Physicians and Surgeons (Columbia University) New York. Third edition, thoroughly revised. Octavo, pp. 757. With 163 illustrations and 39 plates in colors and monochrome. New York and Philadelphia: Lea Brothers & Co. 1904. (Price, cloth, $5.00; leather, $6.00; half morocco, $6.50, net.)

The Practice of Obstetrics. Designed for the Use of Students and Practitioners of Medicine. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, New York. Royal octavo, pp. 1153. With 1264 illustrations, including 5 colored plates and 38 figures printed in colors. Second edition, revised. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, $6.00, net.)

Saunders' Question Compends: Essentials of Chemistry, Organic and Inorganic Containing also questions on Medical Physics, Chemical Philosophy, Medical Processes, Toxicology, etc. By Lawrence Wolff, M.D., formerly Demonstrator of Chemistry at the Jefferson Medical College, Philadelphia. Sixth edition, thoroughly revised. By A. Ferree Witmer, Ph.G., formerly Assistant Demonstrator in Physiology at the University of Pennsylvania. Duodecimo volume of 225 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Cloth, $1.00 net.)

Progressive Medicine, Volumne III, September, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo 284 pages, 19 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

Davis' Obstetrics. A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College; Professor of Obstetrics and Pediatrics in the Philadelphia Polyclinic, etc. New (second) edition, thoroughly revised and much enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colors and monochrome. (Cloth, $5.00 net; leather, $6.00 net.)

A Handbook of Pathological Anatomy and Histology with an introductory section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M.D., LL.D., Emeritus Professor of the Practice of Medicine, College of Physicians and Surgeons, Columbia University; and T. Mitchell Prudden, M.D., LL.D., Professor of Pathology and Director of the Department of Pathology, College of Physicians and Surgeons, Columbia University, New York. Seventh edition, with 13 full-page plates and 545 illustrations in the text, in black and colors. New York: William Wood & Co. 1904.

Kerke's Handbook of Physiology. Revised by Frederick C. Busch, B.S., M.D., Professor of Physiology, Medical Department, University of

Buffalo. Fifth American revision, with 535 illustrations, including many in colors. New York: William Wood & Co. 1904.

Simon's Physiological Chemistry. A Textbook of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M.D., late Resident Physician, Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (second) edition. Revised and enlarged. Octavo, 500 pages. Philadelphia and New York: Lea Brothers & Co., Publishers. (Cloth, $3.25 net.)

Transactions of the Medical Society of the State of New York. Ninety-Eighth Annual Session, January 26, 27, 28, 1904. Frederic C. Curtis, M.D., Secretary. Published by the Society. 1904.

Lea's Series of Medical Epitomes. Nagel's Epitome of Nervous and Mental Diseases. A Manual for Students and Physicians. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital, New York. In one duodecimo volume of 276 pages, with 46 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers. 1904. (Cloth, $1.00 net.)

Thirtieth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending June 30, 1902. Henry B. Baker, M.D., Secretary. By authority, Lansing. Robert Smith & Co., State Printers and Binders. 1903.

Clinical Urinology. By Alfred C. Croftun, Professor of Medicine, Chicago, Post-Graduate Medical College and Hospital; Physician in Chief to Saint Mary's Hospital; Pathologist to Saint Luke's Hospital. Illustrated. New York: William Wood & Co. 1904.

Magee and Johnson's Epitome of Surgery. A Manual for Students and Practitioners. By M. D'Arcy Magee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. In one duodecimo volume of 295 pages, with 129 engravings. Philadelphia and New York: Lea Brothers & Co., Publishers. 1904. (Cloth, $1.00 net.)

Textbook of Nervous Diseases and Psychiatry. For the use of Students and Practitioners of Medicine. By Charles L. Dana, A.M., M.D., Professor of Nervous Diseases and (ad interim) of Mental Diseases in Cornell University Medical College; Visiting Physician to Bellevue Hospital, etc. Sixth revised and enlarged edition. Illustrated by 244 engravings and three plates in black and colors. New York: William Wood & Co. 1904.

Regional Minor Surgery. By George Gray Van Schaick, Consulting Surgeon to French Hospital, New York. Second edition, enlarged and revised, 228 pages, bound in cloth, profusely illustrated. New York: International Journal of Surgery Co. 1904. (Price, $1.50.)

How to Cook for the Sick and Convalescent. Arranged for the Physician, Trained Nurse, and House Use. By Helena V. Sachse. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott Company. 1904.

Transactions of the Ninth Annual Meeting of the American Laryngological, Rhinological and Otological Society, held at Lexington, Ky., April 30, May 1, and 3, 1903. Wendell C. Phillips, Secretary, New York. Published by the Society. 1903.

University of Pennsylvania. Contributions from the William Pepper Laboratory of Clinical Medicine. (Reprints). No. 4. Philadelphia. 1903.

A Practical Treatise of Diseases of the Skin. For the Use of Students and Practitioners. By James Nevin Hyde, A.M., M.D., Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College, Chicago;

Dermatologist to the Presbyterian, Augustana, and Michael Rush Hospitals of Chicago, etc.; and Frank Hugh Montgomery, Associate Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College, Chicago; Professor of Skin and Veneral Diseases, Chicago Clinical School, etc. Seventh and revised edition. Illustrated with 107 engravings and 34 plates in colors and monochromes. Philadelphia and New York: Lea Brothers & Co. 1904.

ITEMS.

THE SUBSCRIBER AND THE LAW.

Following are some United States court decisions relative to subscriptions to periodicals:

1. Subscribers who do not give express notice to the contrary are considered as wishing to renew their subscriptions.

2. If subscribers order the discontinuance of their periodicals, the publisher may continue to send them until all arrearages are paid.

3. If subscribers neglect or refuse to take their periodicals from the postoffice to which they are directed, they are responsible until they have settled their bills and ordered them discontinued.

4. If subscribers move to other places without informing the publishers, and the papers are sent to the former address, they are held responsible.

5. The courts have decided that refusing to take periodicals from the office, or removing and leaving them uncalled for, is prima facie evidence of intentional fraud.

6. If subscribers pay in advance they are bound to give notice at the end of the time if they do not wish to continue taking it; otherwise the publisher is authorised to send it and the subscriber will be responsible until an express notice, with payment of all arrearages, is sent to the publisher.

The latest postal laws are such that newspaper publishers can arrest anyone for fraud who takes a paper and refuses to pay for it. Under this law the man who allows his subscription to run for some time unpaid, and then orders it discontinued, or orders the postmaster to mark it "refused" and have a postal card sent notifying the publisher, leaves himself liable to arrest and fine the same as for theft.—*Atlanta Medical and Surgical Journal.*

Now is the time for the World's Fair. Weather and traveling at their best. Tickets by the Wabash and live at The Monticello, St. Louis.

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ORIGINAL COMMUNICATIONS.

The Physician in the Making.[1]

T. H. McKEE, M. D., Buffalo, N. Y.

Mr. Chairman, Gentlemen of the Faculty, Ladies and Gentlemen:

I FEEL I may claim your indulgence in permitting me to say that in being asked to deliver the opening lecture of this term, and to fulfil a function which so many of my seniors could have graced with their oratory and improved by their wisdom, I appreciate the consideration, shown not to the individual, but to those younger members of the teaching staff whom it is my privilege to number among my personal friends and daily associates; and who, as everyone knows, are not becoming wealthy in a purely material sense as a result of their scholastic labors, but who, nevertheless, are "laying up treasure where thieves will not break in to steal, nor moth nor rust corrupt"—treasures not alone of an intellectual character, but gems of hearty good-will and real friendship, so freely accorded us by the members of our classes, and whose memories, we know, when the autumn days shall come, will far outweigh any recollection of the temporary inconveniences we are sometimes called upon to incur.

Under those circumstances, I have departed somewhat from the usual lines in the selection of a subject, and instead of a more pretentious effort, have elected to recapitulate in brief some of the topics relating to the Physician in the Making, which we so often discuss informally among ourselves, asking you to remember that progress is ever conditioned on discontent. I must also state in fairness, that I can claim no originality for the views expressed, nor do I know they are anybody's else than my own; though with some of them I believe many of my colleagues are

1. Lecture delivered at the opening exercises of the 59th session of the Medical Department of the University of Buffalo, September 26, 1904.

in accord; believing also in the principle which John Bright so well crystalised in the statement that two men could not discuss a public issue without creating political power, it seems as though the ideas of earnest men with regard to matters of their daily work might prove worthy of a hearing, even on an occasion so dignified as the opening of the fifty-ninth session of a school known throughout the length and breadth of the United States, not for its heavy endowments, or costly appurtenances, but is solely and justly celebrated for the good work it has done, and the distinguished names that have been associated with it.

The first essential which every business man would take into consideration in preparing for the manufacture of any finished product would be the selection of the material. Up to the very recent past, little or no care was exercised in the selection of the material for the manufacture of a product on which were to rest responsibilities which would break the average statesman, and of which would be demanded a fund of charity, of tenderness and fidelity to altruistic principles that would bankrupt the priesthood. The only prerequisite demanded of the candidate for the honor of carrying on a daily warfare with disease and death, of being made the recipient of the pain-wrung secrets of the heart's most holy of holies, of being made the arbiter of the social standing of half the community, was sufficient funds to buy his tickets, or failing that, the ability to furnish approved joint notes for the same. In most states of the Union that has been changed in a very large measure, though to our national discredit be it said, not in all; and among those which demand the highest standards for matriculation into the study of medicine, is to be found the state of New York. Notwithstanding the advances made, much remains to be done, and in order that it be done well and quickly, a healthy public opinion must be aroused, not alone in the profession, and among educational bodies generally, but in that great court of last resort in every democracy, among the masses of the laymen.

Owing to the extraordinary overflow of medical science in all directions, to advances in technic, in the knowledge and use of instruments of precision, but particularly in the ever increasing range of knowledge demanded of collateral branches, especially physics, mathematics and biology, it has become quite impossible to work up much of the material that was once offered,—and not more than ten or fifteen years ago either,—into an article that any self-respecting firm would care to send out under the ægis of its trade mark. The man who cannot place his hand to paper without evidencing his ignorance of the mother tongue is no longer regarded as a desirable recruit to the ranks of the profes-

sion. Those of us who have been teaching long enough can bear witness to the marked betterment of the material offered with every increase of matriculation requirements. And that is the logical place for the process of weeding to be carried out. It is a distinct hardship and an injustice to admit a young man to a costly course of study only to be cast out later because the teaching staff and the faculty cannot supply those essentials which alone can insure his success, and which have been denied him by nature, or a defective primary education. But it is an infinitely greater injustice, and one involving a grave question of complicity in murder before the fact, to turn such an individual loose upon the community after a long and wholly unsatisfactory course of training; for the university and state examinations cannot be relied upon to eliminate the incompetent. A clever coach can circumvent any permanent examining board whose questions he has facilities for studying from year to year. If he escape the matriculation examinations, then he should not escape his first and second university tests.

In the good old days mentioned, it was possible for a man to learn nearly all the useful, practical knowledge of the science and art of healing that was commonly known during his college course; now the man does not live who could keep abreast of the daily advances in all the departments of medicine, even if he were not compelled to spend any time in its practice. The best, therefore, that a modern medical school can hope to do, is to lay a foundation which shall be broad and deep, and on which the man who is worthy to be admitted to our ranks shall strive to erect a superstructure as long as life shall last, laboring always in the full consciousness that he can never, never, hope to see it finished. In order merely to lay that foundation, it is necessary to ask that certain subjects now taught in the colleges shall be relegated to the primary schools where they belong, that the time may be better utilised in teaching the purely technical branches. One weak spot in the selection of our material lies in the fact that the student is allowed to make up the counts necessary for matriculation by taking examinations in a variety of subjects having little bearing on his subsequent professional work, to the neglect of others essentially necessary to his medical student career.

Very few young men go through the high schools nowadays without having fully determined upon their future line of work; it would therefore be no hardship, but a positive benefit to them, if that course were so arranged, having due regard to the necessities of a liberal education, as to have a direct bearing upon law or medicine; for instance, in the latter case, making a satisfactory standing in chemistry, physics and histology, a *sine qua non* to

graduation from the one, and matriculation to the other. It is a question if elementary histology should not be made a part of the high school course in order that it may be a part of the mental furniture of every layman claiming so much of a liberal education. If that were done, we should have much easier work in dealing with questions of public health and sanitation, and a fair estimate of the physician's efforts along those and other lines. It is folly to expect a man to understand the rationale of the application of certain advances in modern therapeutics unless he is well grounded in physics; it is worse folly to attempt to teach either physics or elementary chemistry in a medical school, where we have more purely medical and physiological chemistry to handle than we have time to deal with. A very little intelligent coöperation between medical and lay educators should be sufficient to evolve a course which would result in bringing young men into the professional schools exceptionally well qualified to take up their special work, and save a very large part of the time now wasted during the first two years of their student lives.

Having selected your material, the next problem is to determine upon the best and most economical means of working it up into a finished product of the highest possible excellence. Heretofore medical schools have endeavored to keep pace with the spread of scientific knowledge by two very simple methods; one, lengthening the course; the other, piling more and more work upon the unhappy wretches under their jurisdiction. But the time has come when we can see that there must be an end to both processes. There is an age limit beyond which we shall not be able to go in withholding degrees; moreover, and of far more serious import, there is a physiologic limit beyond which you cannot push a jaded organism. On picking up a schedule for a certain medical college, located within a thousand miles of New York city, and, judging from the distinguished names on its governing board, one of the best administered in the country, and opening it at random, we find that during the semester for which it was issued, for three consecutive days a week, a certain class was required to be in attendance from 8.30 in the morning until 6 o'clock at night, with an interim of ninety minutes for lunch. On the fourth consecutive day, they put in the same amount of time, less one hour. When you stop to consider the size of the classes, the badly ventilated rooms in winter time, the close and concentrated attention which they are called upon to give their work, with other discomforts too numerous to mention, that the remainder of their time must be spent in equally unwholesome hospital wards, that schedule looks very like an attempt at manslaughter. The man or woman does not live who can be

bombarded with facts *a la Gradgrind*, so many hours a day, week after week, and month after month, and retain or assimilate one quarter of them. It is a sinful waste of good gray matter, as evidenced by the number of cases bordering on, or quite over the line of, neurasthenia which come under our care near the close of every term.

If the essentials of medical education are ever widening, while human limitations are not correspondingly elastic, the whole problem resolves itself into a very simple question of lightering ship,—something must go overboard,—elementary chemistry first; then, I think, it would be well to send the greater part of materia medica with it. I appreciate the thrill of horror that at this moment is coursing along the central nervous systems of certain of my good friends whose hearts are wedded to this subject, but under present existing conditions, where the essential principles of drugs are universally bought, prepared with a skill and accuracy by machinery, that we can never hope to imitate by hand, there is no more excuse for making a student spend valuable time learning to roll pills, because he will use pills in his business, than in making him study the process of rolling steel rods because he will use knives in his business. Personally, I cheerfully confess to little knowledge, and less love, for that time-honored subject; and were it not for the risk of causing some embarrassment, I should like to ask some of the gentlemen present, who are enjoying so well deserved distinction in their several lines of work, how much of the old lectures on materia medica they could now recall; how often they have been called upon during their professional career to brew a pot of herbs or rub up an emulsion; and, if they were called upon, if they thought they could do it. Moreover, and I realise that this will be considered still more anarchistic and heretical, I believe that the course in therapeutics could be lightened. We are endeavoring to teach too many drugs purely as a matter of memory. I should like to ask some of the gentlemen present, who have very large practices, how many of them use twenty-five different drugs in their daily work. And yet we try to grind in a hundred during a single term. The drug idea is being too insistently impressed upon the student; in many cases to the exclusion of the various non-chemical remedial measures of equal or greater efficacy, which come to occupy an almost wholly neglected niche in his mental museum by the time he graduates. On being presented at the bedside of a sick baby, his first thought is: "What drugs can I use?" Then he begins to feel the erectores pilorum beginning to contract along his spine as he wonders how he is going to apply Young's rule for dosage to a child a very small fraction of a year old; whereas, his first

consideration should be at every bedside, how far can he go without using drugs. None of the dangers which beset the process of the physician in the making is more worthy to be sedulously guarded against than that of falling a victim to the drug habit.

No part of the process of manufacture is more important than the methods employed and the character of the workmanship. A very fair article can be produced by a skilled craftsman out of indifferent material; but poor methods and faulty workmanship will ruin the very best material and render the finished product correspondingly unfit. There is no profession, not excepting even the science and art of healing, that has made more substantial progress during the last generation than that of teaching. Though a comparatively young man, I can distinctly remember when training schools for teachers were discussed with contemptuous derision; when it was considered that anyone who could pass an examination in a certain amount of book-learning, including the three R's, of course, was a fit person to be intrusted with the education of a child, no matter whether that individual had a single elementary idea as to how that child was to be taught; for instance, the relationship of numbers, or to associate the written sign with the spoken word; having no ideas with regard to discipline except one hard and fast rule that "licking" was a proper corrective for any and all dispositions and offences, with never a thought as to the moral side of the child's nature, or of the awful responsibilities that devolve upon anyone who is entrusted for a single hour with the care of a developing human mind. Whether the pupil acquired accuracy of thought and consistency of purpose was a matter of chance or heredity; kindergartens and manual training were unknown. This has all been changed in a large measure, so that now there are few communities where teaching experience is not demanded and fewer commonwealths which do not make some effort to supply that qualification, together with methods of applying their art, before turning teachers out to mangle the tender faculties of youth. But we have yet to hear of the establishment in any country of a training school for medical college teachers; yet, considering the disadvantages of environment under which they are compelled to work, and the far reaching consequences depending upon the quality of that work, where is a higher degree of skill to be demanded? It is now only in medical schools that this barbaric custom obtains, though it must be said, in justice, that much progress has been made along these lines in some of them. Still, partly due to inertia, partly to ignorance of the necessity, and perhaps more to the interposition of difficulties which, under hitherto existing conditions, were considered well nigh insuperable,

they still lag far behind in teaching methods. In them we find that fallacy still nourished and practised, that because a man knows a great deal about a subject, he should be considered capable of teaching that subject; whereas, it is a well recognised principle that a plethora of knowledge, particularly in one who is far removed in his mental plane from the untrained mind of the student, may absolutely unfit him for teaching anything.

The exaggerated, timeworn, didactic method, so fittingly caricatured by Mark Twain in the person of the old German professor who at the sound of a gong ran up on the rostrum and lectured away for an hour as hard as he could to an audience of one or two students with apparently never a thought as to their mental attitude, and at the sound of the gong ran down again, is giving way slowly but surely to living, breathing, heart-to-heart methods, where the mind of the student comes into close and sympathetic contact with that of the teacher; where difficulties are freely discussed between them to the immense benefit of the benches and not a little to the educative improvement of the chair. But it seems to me we have not gone nearly far enough yet in retracing our steps toward kindergarten methods. I am using that word advisedly and literally, believing that the mind of the medical student entering upon the exploration of wholly new and untried fields should be regarded as the mind of a child of larger growth, and be treated accordingly. For instance, one of the most irrational features among the many inconsistencies that beset our educational system is the idea that the beginner, with the wholly uncultivated mind, whose uncertain footsteps lead him deeper and deeper into intellectual jungles, is to be delivered over to the tender mercies of the least experienced, and least skilful member of the teaching staff; whereas, common sense demands that he who is least able to help himself should be under the care of him who is best able to help him. Now, I do not mean to advocate that our honored Dean and Dr. Stockton shall be assigned to the cultivation of freshmen intellects this term, leaving the seniors to us; for, however highly complimentary that would be to those gentlemen, there are other things which have to be taken into consideration,—but that is another story. However, I challenge criticism on the principle involved.

Unquestionably, a very large part of the freshmen's year, and to a less degree of the sophomores, is irrevocably lost to him in the effort to find his feet, to learn what he is to do and how he is to do it. Huxley has summed up his difficulties most admirably in the statement, "What the student wants is a professor who shall stand between him and the infinite variety and diversity of human knowledge." If you will substitute the word "medical"

for "human," you have pointed out to you practically the whole duty of the medical college teacher. Like the nursling, it is the quality not quantity of his mental food which will determine the character and extent of his intellectual growth; the judge of that quality cannot be the untried mind of the beginner, but the ripest effort of the man who has probably earned his capability in the dearest schools of experience. He alone can inculcate the habit of reasoning from given data all the information that can be acquired by that method. Our young men come up to the universities filled with book knowledge, but with too little live, practical acquaintance with either natural or scientific phenomena.

The student is filled with a slavish adoration for authorities, and unless that be jarred out of him during his college days, he will carry it to the solution of his medical problems, by looking up the opinions of some celebrated individual instead of examining each case *au fond*, and on its own merits; and when at last he graduates, and comes face to face with bedside conditions, which never will play fair and according to rule, he stands helpless and appalled before the sacrilegious liberties which pathology presumes to take with the teachings of his distinguished preceptors.

In these days of pandemic itch for writing of voluminous literature on all subjects, seemingly from every possible divergent point of view, not the least important function of university training, whether in arts or medicine, but particularly in the latter, is to teach the student to assay opinions with all the skill of an expert analyst, that he may readily and accurately separate the dross from the pure gold. It may be objected that the education of these faculties does not belong to the medical, but to the primary school. That is true, and in proportion to the thoroughness with which it has been done, will you be relieved from that duty; and there again is one of the very best reasons for still higher matriculation requirements. But we are here to face conditions, not theories. I feel assured that every member of the teaching staff will bear me out in the assertion that during the first two years our students manifest an extraordinary and lamentable lack of training in accuracy of thought and expression. And that defect is not confined to this state or country. Apropos to this point, Professor Gilman quotes the opinions of a well-known English medical educator, as follows: "A distinguished anatomist whose daily duty it is to train educated classes of aspiring physicians—everyone a college graduate—in the knowledge of the human body, told me that his hardest task was to make the members of his classes see three dimensions. These medical students, who must learn the topography of every human organ, are so used to the printed page, to diagrams and other flat illustrations,

that they cannot perceive solidity nor comprehend structure until their bad habits are broken up, their power of vision and image-building recovered."

It is in exactly this connection that some half dozen of the foremost colleges in the country have made a long, long step forward of extreme educative value by a resumption of kindergarten methods,—that is by the introduction of clay-modeling in the medical schools. It needs but a moment's thought to show the wide application of this simple process to the study of anatomy. You need but recall your student days to regret the hours and hours of practically wasted effort in trying to glean and to store a few concepts of gross cerebral anatomy from illustrations in one dimension, which always seemed to depict the things which you did not want to see, and left undepicted the things which you did want to see; and when you turned to the printed page, confusion was worse confounded. In one quarter of the time which you wasted in an effort to get ideas, more or less inaccurate, and which never would stay with you, you could have had accurate knowledge impressed upon you in the most vivid way in the world over a child's modeling board.

And so we find evidence of progress of the most hopeful character all along the line, and considering the fact that the process of making the physician must necessarily be continuous, one of the most encouraging features of this educational renaissance, is the progressive spirit manifested of late by contributors of periodical medical literature. Perhaps no other agent has a greater post-graduate effect on the professional character of the physician than his medical journal, if he respect its opinions.

I regret that I am not in a position to speak clearly and comprehensively with regard to the proposed innovation on the part of our old and honored friend, the Buffalo Medical Journal, a change which cannot help increasing, not only its interest, but its educational efficiency in very large measure. It deserves the warmest sympathy and support of all who have the elevation and security of the profession at heart aside from all purely personal desire for intellectual improvement.

Another defect in our present process of manufacturing, and one which from the nature of his surroundings is often unnoticed in college course, but which may lead to no little embarrassment after he goes out into the world, is the saturation of his mind with abnormal conditions. He gets so accustomed to them that it never occurs to him that anything brought to his attention can be normal; in fact, he is too often wholly ignorant of the appearance of many common, normal, vital phenomena. He is instructed with regard to all sorts of abnormal pulse conditions, but may

not recognise a normal one when he feels it, especially under varying circumstances.

Like the arts colleges, medical schools are open to the criticism that they turn out graduates trained with too little regard for the practical requirements of life. From start to finish the student finds his curriculum loaded with technical matter, but with hardly a word of instruction for the commonplaces of everyday professional life, in the acquirement of which by haphazard, he will lose golden opportunities, while the college and profession lose more valuable opportunities to ground him in certain simple principles of conduct, which may mean all the difference between the successful man earning an honest living, and a disappointed, unsuccessful practitioner who sinks to the level of the advertising fakir to practise upon the infirmities of the ignorant. To many of us it seems highly inexpedient and unbusinesslike to accept a man for a long and expensive course of training for a profession to which he is expected to sacrifice the remainder of his life, to which he must look not only for his daily bread, but for provision for those who are near and dear to him after the working tools shall have fallen from his own grasp, and to send that man out without a single, definite idea as to the value of the wares he has to sell. The average college graduate, unless he chance to have been under the supervision of a preceptor, which is now very rarely the case, does not know when he opens his office whether he is entitled to fifty cents, a dollar, or three dollars for a given piece of work. His soul is torn with doubt whether he shall attempt to establish a fifty cent or a dollar rate for office calls; and if he has had no business experience, which is more than likely, and little knowledge of human nature, and chance to settle in a neighborhood where experienced men are prostituting their skill for fifty cents a visit, he will sink to that level, all unconscious of the fact that he is losing a brilliant opportunity to advertise himself by charging a little more than his neighbors, provided he has a good article to sell, and still keep within reasonable limits. In the first place, it will get him noticed, and in the second place, if he does good work, the better element of the community will respect him more for demanding a reasonable return for his long and expensive course of training.

He has never been taught that he should charge more where he is compelled to do a surgical dressing than for an ordinary visit; that in prescribing drugs "in the original package" he is filling the pockets of the proprietary medicine man while cutting the ground from under his own feet; he does not know that when he pulls a patient out of the grip of death by poison he should charge for a major operation, which he has really performed,

and not three dollars for a night call; he does not know that it is his duty earnestly to strive by precept and example to educate the unthinking public to the appreciation that it requires a higher degree of skill and a finer quality of judgment to carry a patient through a long period of critical expectancy terminating in a successful accouchement than to amputate an arm or a leg, and that he should be paid accordingly.

It may be objected that these matters are not proper subjects for a medical course. That is altogether too narrow a view. Everything that he does not know and must necessarily use in his daily practice is a proper subject for either direct or indirect instruction, especially where the welfare and respect of the profession at large may be injured by his innocent ignorance. What right have you, as old practitioners, to expect a young man to abide by rules of ethics of which he has never heard? How can you demand that he shall conduct himself with correctness, for instance, in the matter of a consultation involving questions of conduct with which he is wholly unfamiliar, many of the problems confronting him being of so delicate a character as to test the diplomacy and ethical courage of which the best of you are capable?

A very large proportion of the evils which the profession is heir to can be eliminated, or rather avoided, by proper care of the physician in the making. Owing to the constantly increasing demands of matriculation requirements we are getting a far better quality of students than those who entered ten or fifteen years ago; today they are largely high school boys, or young college graduates, whose mental and moral habits are far from being firmly fixed. They are still more susceptible to molding influences than the older men who a generation ago, having saved sufficient money to invest in a perpetual ticket, forsook the plow or the district school to take up a medical career destined in some cases, it must not be forgotten, to add new stars of the first magnitude to the professional firmament, but too often in others, providing additions to the ranks of the advertisers, or others who, while not criminally inclined, were still incapable of adding to the standard of the profession in the minds of those with whom they were to be associated. The advertising shark, who filches his illgotten gains from the sick and suffering under pretence of curing incurable diseases, the criminal practitioner, and the man who knows nothing and cares nothing for the rules of honorable medical intercourse can be treated effectually in one way,—and in one way only,—and that is by cutting off the supply. Statute law has again and again proved its inefficiency in this respect; the work must be done in the colleges. It may be objected that

in the present overloaded state of our schedules, time cannot be found for an extended course of lectures on medical ethics. We would reply that no part of the course is more worthy of serious consideration; yet if time and opportunity afforded, that would be the least effective and most unsatisfactory way of teaching these truths. Every member of the teaching staff should be made to feel it his duty on the thousand and one occasions which will arise during the student's four years' attendance to inculcate those principles of fair dealing, that recognition of his responsibility, first to his patient, then to the state, to his alma mater, and, lastly, to the *ego* with whom he is obliged to retire in the silent watches of the night, and which if well learned, or better, woven into the web and woof of his professional fabric, shall be all sufficient to keep his feet in the straight and narrow way beaten by his illustrious predecessors who have lifted his profession to its present high estate. It would be undesirable in the extreme to have anyone burdened with the teaching of these matters; everybody should teach them in self-preservation.

While it is easy to criticise, easy to suggest improvements in educational work, it is not so easy to explain how it shall be done. Among all the measures that have proven to be most efficient in developing a higher grade of teaching service, of developing and keeping up that *esprit de corps* that has lead to so good practical results of a reformative character, and most far-reaching import, none has worked to better purpose than the frequent meetings of teachers' associations for the discussing of problems relating to their business. Even dancing masters, music teachers, and all sorts of "professors," find it advantageous to belong to local and state organisations, in order to provide for interchange of ideas, and above all, to ensure consistent and concentrated effort toward improvement in their several lines of work. All recognise the value of coöperation, apparently, except medical college teachers, who have more difficult problems to face, with less effective means of meeting them, and less preparation for their work, than any other class of educators. There is no room for doubt that incalculable good could be accomplished by having monthly meetings at least, of the teaching staff of every college for the elucidation of difficulties, the betterment of methods, and to ensure a closer correspondence among their several lines of work. How much wider would be that field of usefulness if there were state and national associations; what a tremendous leverage it would give for uplifting the cause of medical education by cementing a closer union of purpose among the different institutions of the country. It is true, efforts are being made, and which must be crowned with a considerable degree of success, to secure coöperation in

the general policies of medical colleges by the organisation of such bodies as the Association of American Medical Colleges. But they cover quite another field. Let your general policy of medical education be never so harmoniously developed, no matter how well and scientifically your curricula be arranged, no matter how many hundreds of thousands you number in your endowments, the work is bound to be more or less unsatisfactory to the student, to the college, not to say tragical to the state, unless efficient teaching be done in the class rooms; and to that end you need the hearty and intelligent coöperation of all who are engaged in class-room work. Of course, there are difficulties in the way of such an accomplishment; but to those who are in real earnest, difficulties are but useful incentives to higher achievements.

If the demands which are to be made upon an article may be assumed fairly as a criterion for the process of manufacture, then more exacting attention should be given to the moral side of the physician in the making, than to his ability to pass examinations. Moreover, the people who have delegated to medical examining boards, by virtue of various statutory enactments, the right and the duty to determine the character of the individual who is to be turned loose upon them, and establish sacred relationships with them, have the right to demand that a real and effective supervision shall be exercised in that direction instead of a merely perfunctory pretence.

For some reason or other, originally more or less well founded undoubtedly, the world at large has come to the conclusion, and has maintained the opinion through many generations that medical students are what the man in the street would term "a tough lot;" and that divinity students are good little boys. As a natural result, both classes have done their best to live up to their reputation,—and with a considerable degree of success. Whether or not the average man, or woman, who is attracted to the study of medicine, in spite of the many unpleasant features incident to the work, is endowed by nature with a harder heart or less sensitive organism than his fellows, is an open question; but if it be assumed to be true, for the sake of argument, what higher tribute could be asked to the nobility of the calling, to its humanising influences than the character that the practice of that profession has developed out of confessedly crude material, with little or no encouragement in the way of training, in the long roll of illustrious men of every nation, who have been loved and admired by their contemporaries, less for their skill and brilliant intellectual achievements than for their broad charity and ready self-abnegation to the cry of distress wherever and whenever it has sounded.

To be sure, we have our beacon lights which send their white shafts to the farthest corners of civilisation, in the names of such men as Reed and Lazear, who gave up their lives a voluntary sacrifice that others might live—unsupported and unstimulated by the plaudits of an acclaiming multitude or the thunder of victorious guns, but in the cool calculations of the laboratory. But who knows or recks of the tens of thousands, who in their daily work are as surely and steadily sacrificing their physical powers in the service of the worthy and unworthy alike, in obscure country districts, in the noisome and filthy tenements of great cities unregarded, unappreciated by the rushing mammon mad throngs, yet each in his sphere, and on whom no higher encomium can be laid than to say he is a veritable Weelum MacLure.

But whatever ennobling influences are to be found in the practice of the profession, whatever its power to develop the gentler and higher attributes of the soul, it is no excuse for neglecting the moral side of the physician in the making. There is no large commercial institution in these days where heavy responsibilities are entrusted to the clerks, as in banks and trust companies, that does not exercise a more or less strict supervision over the extramural habits of its employes. And there is no shadow of excuse for the faculty of a college that has any conception of its responsibilities to the state, knowing less of the moral character of its young men, after four years' residence, than would a financial corporation after four weeks' employment. And yet there are graduated, not infrequently, from almost every college in the country, men whom their classmates would not think of introducing to their families. The policy is bad, bad from a purely business point of view, for the world is outgrowing crudities, and is demanding better finished products along ethical as well as physical lines; and the man or institution that aims at anything more than success of the most ephemeral character would do well to keep in mind certain fundamental principles. Modern social conditions, in other words the sociological status of the world is not the result of arbitrary enactments by any race or people, but is the product of a process of ethical evolution as certain and immutable in its results as those physical developments which have determined the physiological status of the human hand or the human lung. The basis of that physical evolutionary process has been the preservation and perfection of the race; and the basis of the ethical process synchronous and in harmony with the physical was condensed in that admonition from the lips of the world's greatest teacher, a sentence more pregnant with far-reaching philosophy than any other in recorded

literature: "Do unto others as ye would that they should do unto you."

I think this defect can be easily remedied by the very simple process of getting the college managements in closer touch with their students; an acquaintanceship which would be of vast benefit to the student, while the faculties would often learn things that would do them no harm to know.

As proof positive that the bad repute of the medical student is extrinsic, rather than intrinsic, is due primarily to the atmosphere that is thrown about him, you have but to notice the great change which takes place as soon as he enters his senior year. It is not due to the fact that new men are lecturing to him; he has been hearing most of them in all probability for a year or two; it is not due to difference in the character of his studies, because they are practically the same as during the past year; but his whole bearing is changed; he is more sedate; he has a dignity and air of responsibility which he never had before,—and never will again,—and it is all because he is regarded in a different light by those about him. If you demand high qualifications, you will get them, and not until you do. With improvement in the material offered, with the spread of such admirable agencies for character-building as the University Young Men's Christian Association, with the increasing influence of college fraternities, with a stricter discipline, coupled with a closer and more sympathetic acquaintance on the part of college managements, it should be possible within a few generations to live down the reputation for rascality which every young man is obliged to assume who enters a medical school.

There is yet another agency which should never be lost sight of in any educational process, and that is the subconscious influence of the teacher upon his students. Who cannot look back and single out some lives that, perhaps all unconsciously at the time, have exercised a supreme molding influence on his own? Who cannot go back to his boyhood's days, and select some teacher perhaps in an old log school-house, whom you now know,—though you did not realise it then,—exercised a powerful influence on your moral development? There was a time in the memory of some of the oldest among us when a lecturer's character appeared never to be taken into account; when if a brilliant or well-posted man he might still be given a class of students, though a drunkard or a libertine, his character a standing offense to heaven. But those conditions are happily changed, for where there was no conscience as a rule and guide, there grew up a business sense, which deemed it to be worth while for an institution, as for an individual, to preserve as fair

a semblance of decency as circumstances would permit. The reason for the tremendous vitality and boundless spread of Anglo-Saxon ideas of religious liberty and representative government, of successful commercial enterprise and unlimited educational facilities, is due to the fact,—not that the little island from which they sprang was fortunately situated geographically, not that its inhabitants were a race of extraordinary mental and physical vigor,—all these advantages being found in large measure in other races who have not set their imperial stamp upon the world in all its activities,—but is due to the fact that by chance or providence, or what you like, they early got their national bark into the tideway of the eternal principles of right and progress; and ever since they have been rushing along, often against their will, it is true, toward that preëminence which they now enjoy in all that tends towards the advancement and true upbuilding of social conditions of the race. And it is so with an institution; however humble its beginning, however straightened its circumstances, if administered in accordance with the principles which conscience and common sense approve, and has vitality enough to become known of its fruits, then it is bound to go on with ever accelerating momentum towards the highest measure of success.

The whole trend of the training in such an institution will be toward making a physician fitted for leadership among men; and man secure in the accuracy of his knowledge and judgment, and who by the very exigencies of that condition must command respect and authority in his community. It is to him will ultimately be referred the disposition of its submerged members, the lunatic, the criminal, the drunkard, the pauper. His training and character will be such that he can hold his own or more with the members of other learned professions, whose callings are demanding more and more time and expense in their preparation. Our clerical friends have long had a dominating influence in educational affairs; often for their betterment, as often for their detriment. It is high time that the physician be prepared to take a commanding place in this department of public activity, thereby finding opportunities to pave the way not only for the advancement and security of his own profession, but the mental, moral, physical status of every community to which our graduates shall find their way.

91 Broadway.

Roosa, New York, states, (*Medical News*, Sept. 21, 1902,) euphthalmin is a valuable agent for securing transitory dilatation of the pupil, for the purposes of ophthalmoscopic examination, and harmful effects, if they ever occur, are entirely exceptional.

Some of the Common Forms of Headache.[1]

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IT IS a frequent experience with all physicians in general practice to be called upon by patients wishing to be relieved of headache, who, aside from this one ailment, believe themselves to be in good health. Still more often does the pharmacist meet with the demand for the headache powders, migraine tablets, bromo-seltzers and the like, which are extensively advertised and sold for the cure of this complaint. Many of these sufferers have tried one physician after another without avail, and at last have resorted to the patent medicines, which, at least for the time being, relieve their distress. That this is unscientific and injurious to health, is well known by the profession; but the patients, rendered desperate by their sufferings, are willing to take risks in order to secure present relief. In every community a vast amount of misery is caused by headache alone, and every practitioner has among his patients those who are more or less unfitted for work and the enjoyment of life on this account.

The child in school sometimes suffers so constantly that he cannot pay the necessary attention to his studies, and so is rated as dull and backward. He falls behind those of his age, becomes discouraged, and, as soon as possible, gives up school altogether, sacrificing what otherwise might have been a successful career because of the headaches which render him unfit for study. The bookkeeper, or business man may be obliged to give up a lucrative position because of the headaches induced by his work; or the mother may be, herself, so miserable as to exert a depressing effect on the whole household. Fortunately, such catastrophies are not so common now as formerly, this being due to the fact that more accurate diagnoses are being made, and more rational treatment instituted. The subject is, therefore, well worth our attention, and a patient coming to us with this complaint should not be lightly dismissed.

Of course, it is admitted that headache is merely a symptom, and that its successful treatment depends upon our detecting the cause, and removing or neutralising it as fully as possible. But as it is the predominant symptom in a variety of pathological states, and is frequently the only thing which drives the patient to seek relief, it is worthy of consideration and study by itself.

Authorities are not fully agreed as to the classification of headaches, but it seems to me that the following will cover most, if not all cases: (1) toxic headaches, met with in the course of

1. Read before the Rochester Pathological Society, October 6, 1904.

feverish complaints, of uremia, constipation and the like; this would also include the headaches of gout and rheumatism; (2) headaches occasioned by disturbances of blood pressure in the brain, causing cerebral congestion or anemia; (3) headaches produced by irritations or diseases of the organs of special sense—eye, nose, and ear; (4) neurotic headaches from hysteria, neurasthenia and allied disorders; (5) headaches produced by brain diseases and lesions, such as tumors, meningitis, syphilis and the like.

As the subject is far too extensive to be contained within the limits of a single paper, I shall take the liberty of choosing a few of the common varieties which in many respects resemble one another, and shall consider them mainly from the point of diagnosis and, incidentally, of treatment.

Probably the most common of all headaches are those which I have classified as toxic in origin. There is scarcely a disease, attended by fever, that is not also accompanied by headache at some time in its course. Most of these are so clearly dependent on the original malady that the cause is recognised even by the patient himself; but at times the disease is so masked that for a long time it goes undetected. This is often the case in uremia, in indigestion and constipation, and these possible causative conditions should always be borne in mind whenever a persistent headache is presented for treatment. The character of the pain has very little diagnostic significance. It may be dull and diffused, or sharp and localised. An item of greater significance is the fact that it is apt to occur early in the morning, thus distinguishing it to a certain extent from cerebral congestion or eye strain, both of which are apt to come on a few hours after rising, or in the latter half of the day. But a positive diagnosis can only be arrived at by making a urinary examination, or by relieving the constipation and indigestion and noting the effect on the head.

Of the headaches dependent upon altered blood pressure within the brain, I believe the hyperemic form to be very common. The diagnosis of congestive headache is often very easy, it being characterised by flushed face, shining eyes, a feeling of pressure about the head, and often subjective sensations of ringing or roaring in the ears and spots before the eyes. Many of these patients are subject to nose bleed, and tell us that the loss of blood relieves the pain for the time being. The heat of the sun, or a stooping posture increases the distress, and the sufferer likes to sleep with his head high. Cold applications to the forehead are soothing, while hot cloths are apt to increase the distress. These are the symptoms of a typical case, but there are occasionally patients suffering from congestion who present many of the symptoms

of anemia. One instance especially comes to mind, of a spare, sallow woman, who lacked the tinnitus and throbbing above described, whose case I thought to be that of anemia, and prescribed nitroglycerin. The first dose was the last, for the pain was so suddenly and alarmingly increased that the patient and her attendant were severely frightened, and came very near telling me that my attentions were no longer required. The remedy was discontinued, and the bromides in full doses substituted, with prompt relief, thus making a diagnosis through the effect of the drug.

Occupation is an important factor in the causation of these headaches, and in the diagnosis, they being most frequently met with in people whose work produces an increased flow of blood to the brain. This is one of the varieties most frequent in business men, professional men, and students. This is the preacher's headache, and it is noticeable that the pain is sometimes present upon rising Monday morning, thus resembling the toxic headache in this respect. This is also the headache of the laborer, who scarcely thinks at all; but whose work in the hot sun sometimes results in cerebral congestion. Remedies for this variety are quite satisfactory, the list beginning with the bromides, alone or combined with ergot and the local application of cold. Doubtless, the old-fashioned remedy of bleeding would be often satisfactory, and it is not very uncommon to have some old person suggest this as having relieved him in earlier years. It is worthy of note that the coal tar antipyretics will often relieve this variety, the so-called migraine tablets being quite effectual, especially when combined with the bromides. While I believe their employment is unscientific, the effect being to mask the pain without removing the cause, yet the occasional employment of phenacetin or acetanilid will do no harm, and will afford a measure of relief while the more rational remedies are taking effect.

It would seem at first that cerebral anemia, being the opposite condition from that just described, would be easy to distinguish from hyperemia; but this is not always the case. There may be similar sensations of flashes of light, roarings in the ears, dizziness, nausea and confusion of ideas, to those found in congestion, and we can only arrive at a correct diagnosis by considering the history of the patient, his general appearance, and perhaps making a microscopical study of his blood.

Another class of headaches, namely—those produced by irritations or diseases of the organs of special sense, also includes a multitude of sufferers as its victims. I shall pass over those caused by diseases of the nose, throat and ears, and consider those caused by the eye; more especially the headache of eye strain.

Only within comparatively recent times has eye strain been recognised as a frequent cause of headache; and even now this is often overlooked and the patient goes on unrelieved for years, perhaps at last to be told by some neighbor, who has had like experience, that the real source of his suffering is in his eyes. The writer recalls a monograph, published not many years ago, describing several dozens of varieties of headache, and elaborating on the treatment, but which never mentioned, from one cover to the other, that it was ever caused by eye strain. Fortunately, the profession and the public are much more quick to recognise the affection at the present day.

To make a diagnosis of ocular headache does not, as a rule, demand special training in diseases of the eye; but it is necessary that we bear in mind the mode in which this affection is produced: otherwise, some of the most important diagnostic points will probably be overlooked, or, if noted, their true significance will be imperfectly understood.

How is this form of headache produced? A general answer to this question will be that it is caused by excessive and prolonged action of some of the muscles of the eye, and mostly in three classes of cases:

1. Where the refraction of the eye is irregular, so that a distorted image is thrown on the retina; especially where this astigmatism is of moderate degree and capable of being corrected wholly, or in part, by action of the ciliary muscle.

2. Where the refraction of the eye is not perfectly adapted to the length of the eyeball, the latter being generally a little too short, as in far-sighted people. In this case, if the disproportion is not too great, the ciliary muscle is able, by a little extra tension, to produce a perfect image on the retina.

In both of these instances it should be noted that slight or moderate astigmatism or hyperopia, capable of correction by ciliary contraction, is most liable to produce headache; while defects too great to be corrected by this means are not nearly so liable to cause pain. It should also be remembered that in these cases an extra effort on the part of the ciliary muscle is often able to give perfect, or at any rate fairly satisfactory vision, for all objects both near and far.

3. Where the motor muscles of the eyeball are unevenly balanced, so that one set has to be abnormally tense in order to keep the eyes in proper focus. In this, as in the preceding cases, it should be remembered that moderate inequalities, capable of correction by voluntary muscular effort, are the ones that result in headache. When the tendency to squint is so great that the patient is no longer able to overcome it, the effort of the muscles

to straighten the eyes is abandoned, and undue strain abolished. It is, therefore, the latent squints, wholly correctable by muscular effort, that result in sensory disturbances. In these cases the pain is not always referred to the muscles involved, but is mostly reflex in character, and felt in regions more or less remote.

Symptoms.—Headache due to eye strain is not of the same character in all cases. Generally it is frontal, being located just over the brows, or back of the orbits, and is about the same in intensity on both sides of the head. In a smaller number the pain is in the temples, and in a still smaller percentage it is vertical, occipital, or even referred to the back of the neck. Frequently there is nausea, and rarely vomiting, thus simulating an attack of so-called migraine. The pain may be acute, but is often dull and uniform, with a sense of pressure, but lacking the tense and throbbing feeling with tinnitus, characteristic of cerebral hyperemia. There is frequently a feeling of soreness and pain in the eyeballs, and sometimes dizziness, though this is by no means constant.

It will be seen that the above described symptoms present little that is characteristic; and as they comprise about all that the ordinary patient thinks worthy of mention, it might seem impossible to arrive at a correct diagnosis. But there are a few important points which the examiner should bear in mind, the consideration of which will materially aid him in coming to a correct conclusion.

First in importance, perhaps, is the occupation of the patient, and this will be readily understood when the true nature, or modus operandi, of this form of headache is borne in mind. It has been said that excessive muscular action, either of the focussing muscles of the lens, or the motor muscles of the eye, is generally the cause of the pain. We should, therefore, expect to find headache among those persons who require to see objects distinctly, for long periods, especially at short distances. Typical of this class is the student, whose daily task it is to pore over the small letters and characters in his books, and it is a common experience to learn that his headache commenced with the beginning of school life. This affection in a student should therefore at once cause us to suspect an ocular origin, and to investigate the matter thoroughly if his trouble does not promptly yield to medical treatment.

But it is not always that headache begins during the first term in school. The high accommodative power of the child often enables him to stand the muscular strain for a number of years, and he only begins to suffer from it at about the age of puberty, or even some years later. Frequently, school life is passed in

comparative comfort, and serious symptoms do not show themselves until business life begins. Especially do we look for headache among bookkeepers, stenographers and all who use their eyes for prolonged periods on near objects, almost the same class of persons as those who are subject to congestive headaches. These patients, upon being questioned, will generally admit that their distress is produced or aggravated by near work, but they seldom realise its diagnostic value, and often fail to mention it unless directly questioned on this point.

Headache, occurring soon after an attack of exhausting disease, should turn our thoughts to the eyes as a cause, especially if, on questioning, we find that the period of convalescence was beguiled by reading or fancy work. I recall many instances, especially among adults, where the eye symptoms first showed themselves after an attack of grip. The reason for this is easily explained, for the eye muscles, like the rest of the muscular system, are weakened by the disease, and if put to work too soon are liable to become seriously impaired. It is, therefore, a safe rule for convalescents from exhausting diseases, to give their eyes as long a rest as the other parts of the muscular system. Unfortunately, the rule is often broken, with resulting permanent impairment of ocular muscles, and consequent headache.

Another symptom, seldom mentioned by the patient, but easily elicited by questioning, is the frequent blurring, or clouding of the sight during prolonged use of the eyes. The patient sees clearly for a time, but the weakened muscles cannot long endure the undue tension, and relax from time to time, permitting the retinal image to become indistinct. Frequently the sufferer will look at a distance for a moment, and then be able to resume his reading. Or he may experience a sense of relief by rubbing or pressing the eyeballs. Blurring from near work is such a frequent and characteristic symptom that it should always be inquired into.

We must not be led astray by the statements which these patients often make, that they can see perfectly objects both near at hand and at a distance. This statement may be correct, and, indeed, some of these sufferers have exceptionally accurate sight. When the test card is placed before them they read the letters perhaps a line or two below those which can be distinguished by the average normal eye, and triumphantly adduce this as proof that their eyes are all right, and the headache is from other causes. And yet they may be getting this perfect vision at the expense of a constant accommodative strain, which is never relaxed during their waking hours, and which keeps up just enough local irritation to produce a feeling of weariness, heaviness or

actual pain. As has been mentioned before, it is these sharp sighted people who are more prone to eye strain than those whose sight is so poor that accommodative effort will not produce a great amount of betterment, and who therefore are content with what they can see easily, and are not constantly straining for the unattainable.

Sometimes a patient with symptoms of chorea, or other nervous derangement, or who is pale and strumous and a sufferer from headache, is dosed for months, while the medical attendant entirely overlooks the fact that all these nervous symptoms are the result of eye strain, and can be removed by correcting the underlying condition.

It will be noticed that little has been said about the use of test type and test glasses to arrive at a diagnosis of strain, although they will be the final resort to confirm or disprove the diagnosis when made, for, without the aid of a mydriatic to paralyse the accommodation, the test is apt to be inconclusive, and it has been the design of this paper to describe the symptoms by which any practitioner, unequipped with special apparatus can recognise the affection with a considerable degree of confidence.

Finally, we quite often encounter persons who are suffering from two kinds of headache, the two being manifested at the same time or alternately. Especially are we apt to find the combined symptoms of eye strain and congestion, and then we must not only correct the ocular trouble, but combine with this a course of bromides to correct the hyperemic tendency. Either plan of treatment, if pursued alone, would result in disappointment.

I have omitted mention of migraine as one of the frequent forms of headache, for the reason that, as our diagnostic skill becomes greater, the number of cases of true migraine, (provided that there are any such cases), becomes less. In reading even recent articles on migraine one is impressed by the close similarity of the symptoms to many of our cases of eye strain, and it is probable that the term will eventually be dropped from the list of diseases.

698 St. Paul Street.

LACERATIONS OF THE CERVIX AND THEIR CONSEQUENCES.

Dr. John W. Taylor, (*British Gynecological Journal*, November, 1903,) remarks that although the subject belongs rather to minor gynecology, it has an important bearing on what is, perhaps, still the gravest disease to which a woman is subject—puerperal septicemia—and that, in this way laceration of the uterine cervix becomes a not infrequent cause of death.

Status Lymphaticus; Its Relation to Sudden Death.[1]

SYNONYMS; LYMPHATIC CONSTITUTION, LYMPHATISM, STATUS THYMACUS.

By EDGAR R. McGUIRE, M. D., Buffalo, N. Y.
Assistant to the Surgical Clinic of Buffalo General Hospital.

THE study of this rather obscure condition is of very great interest to the physician and surgeon because it throws some light on a hitherto hidden field, the causation of many sudden deaths. Hence it seems proper to epitomise the surgical aspects of this condition, more especially in its relation to fatal collapse from anesthetics and other surgical conditions.

For many years enlargement of the thymus gland has been noted at autopsies, but the relation of this enlargement to other accessory features, which go to make up status lymphaticus, was unknown until Rokitansky in 1842, first recognised the condition in its entirety. Naturally, it was at first confused with lymphatic tuberculosis, then known as scrofula.

Normally, the thymus gland begins involution shortly after birth, and the process should be completed at puberty. In status lymphaticus this involution does not occur, but the gland continues to enlarge into and even beyond adult life. This enlargement varies greatly in different cases, ranging from 20 to 135 grams.

The pathology of this condition is rather obscure. The thymus rarely shows anything abnormal other than the enlargement. Occasionally an acute hyperemia is present, and at times from the cut gland a milky fluid exudes. There is, however, general hyperplasia of the lymphatic system. Both the superficial and deep nodes are enlarged, especially the cervical, axillary, inguinal, mesenteric and retroperitoneal. The spleen is enlarged and hyperemic. The Malpighian bodies are packed with lymphoid cells, and occasionally, the pulp becomes infiltrated with them. Not infrequently the heart and arteries share in this general lymphoid infiltration. Because of this feature, Virchow originated the term lymphatic-chlorotic-constitution. The cause of the narrowing of the aorta, frequently seen at autopsy, has long been a matter of doubt, but it is now thought by some to be due to this lymphoid infiltration.

While as yet it would be going too far afield to ascribe all cases of rickets to status lymphaticus, nevertheless, it is an interesting fact that the majority of the cases of status lymphaticus

1. Read before the Surgical Section of the Buffalo Academy of Medicine, September 6, 1904.

show marked evidences of rickets. Beyond question there is some unknown relation between the two and this may explain the benefit that is said to occur in rickets from the administration of the extract of thymus gland.

Furthermore there seem to be some peculiar relation between the thyroid and the thymus glands. In about one half the cases of enlarged thymus, the thyroid is found enlarged. Experimentally when either gland is removed, enlargement of the other occurs. The theory of internal secretions is here an inviting explanation. It is also well within the realm of reason to assume that the loss in secretion incurred by the removal of one gland causes a compensatory hypertrophy in the other.

Clinically, there are a number of conditions which bear a striking resemblance to status lymphaticus.

Thymic asthma or, as it is sometimes called, laryngismus stridulus comes in this category. Here occasionally an absorbingly interesting medico-legal question may arise, for while death in such cases usually occurs only after definite warning, yet it may, and sometimes does, occur instantly, giving rise to suspicion of foul play regarding the cause of death.

A lively controversy has arisen regarding the real cause of death in these cases of thymic asthma. One explanation is that death occurs by mechanical pressure of the enlarged thymus on the trachea and large vessels, while another claims death is due to sudden arrest of the heart's action by reflex cardiac paralysis. Quite probably both are in the main correct, as it is most likely that death does not occur in every instance from the same immediate cause.

Convulsions in infants may arise from so many causes it seems unwise to add others to a now over-burdened list. However, as our information grows from autopsy reports we find status lymphaticus plays a rather important rôle. So much confirmatory evidence is now at hand, that, in convulsions of any kind in infants, the question of status lymphaticus should be considered, and until it can be eliminated a very guarded prognosis should be given.

Status lymphaticus in its relation to sudden death from surgical narcosis is of particular interest to the surgeon. So many factors enter into a discussion of this form of death, that it is very difficult to draw positive conclusions. Probably most of these deaths, much as we dislike to admit it, are due directly to the anesthetist. By this I mean, that in any given death from anesthesia, if we had an anesthetist sufficiently skilled, the death might usually have been prevented. However, there are many cases that cannot be charged to the anesthetist, and among them

are those of status lymphaticus. Most of the evidence regarding these cases comes from Austria and Germany where thorough autopsies have been performed with a view to determining the relationship of this condition to sudden death during narcosis. In these countries, chloroform is used almost exclusively; hence it has been assumed by many that chloroform is particularly dangerous in this condition. Recent investigations, however, seem to show that ether is equally as dangerous under similar circumstances. Death may occur at any stage of anesthesia and it has been known to occur some minutes after the anesthetic has been stopped. A rather significant fact is that the majority of such deaths occur during operations for adenoids and enlarged tonsils; those conditions being among the most prominent manifestations of status lymphaticus.

The literature of status lymphaticus in its relation to sudden deaths makes very interesting reading, because of the peculiarity of the cases reported. Nordman cites several cases which died suddenly, either in the water or shortly after coming to the shore. In each case the cause of death was confirmed by autopsy and none of them showed any of the usual signs of death by drowning. The case of Professor Langerhans' son, of Berlin, is also interesting. He died immediately following the injection of antitoxin for diphtheria, and consequently the death was ascribed at first to the antitoxin. A very wide spread discussion followed and from the autopsy findings the pathologists concluded that status lymphaticus was the cause of death.

That all these cases die suddenly is certain, but just why they should live comfortably for years and then unexpectedly succumb to such apparently trifling causes is, indeed, difficult to comprehend.

The diagnosis of status lymphaticus is particularly difficult. There are, however, many suggestive features which when present should lead to a well-marked suspicion of this condition. In the first place the close relationship existing between this condition and rickets, gives us an important lead. In the majority of these cases, evidences of rickets are present. There will usually be found enlargement of the cervical, axillary and inguinal lymphatics, and it may be even possible to palpate enlarged mesenteric nodes. Adenoid growths in the naso-pharynx, enlargement of the spleen together with an area of dulness over the thymus complete the clinical picture. Individually, these signs mean but little, but when present together, a tentative diagnosis of status lymphaticus would be well founded.

The etiology of this condition is equally obscure. Many believe that as our information increases, rickets and status lym-

phaticus will be invariably associated. At the present time rickets is quite generally believed to be an infection by a variety of organisms. The lymphatic enlargement in status lymphaticus points toward an infection of some kind.

Clinically, every surgeon occasionally meets with cases of sudden death which are particularly difficult to explain. An autopsy will apparently reveal little or nothing to account for death. A few such cases have occurred in Dr. Park's service several hours after operation where autopsy revealed absolutely nothing to account for the death. The question naturally arises: How much has the lymphatic state to do with such cases? Certainly in all autopsies upon cases of sudden death very careful investigation should be made of the thymus and the whole lymphatic system.

Treatment.—In those cases of severe dyspnea where the probable cause is an enlarged thymus, surgical treatment should be immediate. Two such successful cases are reported. One by König, where a portion of the thymus was removed and the remainder anchored by sutures to the fascia of the sternum; another by Siegel, where tracteotomy was performed with no relief, until a long canula was passed well beyond the enlarged thymus, when the relief was immediate. In the latter case the thymus was also sutured to the sternum. Both cases recovered with no return of dyspnea. Where evidences of rickets are present suitable medical treatment should be prescribed.

Simply because we have an enlarged thymus, it is not necessarily certain that we are having an abundance of thymus secretion, hence in some of these cases extract of thymus gland has given some relief. On the other hand, where this thymal secretion is present in abundance adrenalin would seem to be indicated theoretically.

The most striking results, however, obtain after removal of growths from the naso-pharynx. While due allowance in the improvement must be made for the removal of the mechanical obstruction, yet the remarkable change in the facial expression, together with the improved intellect suggests a more widespread influence.

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ON October 28, 1904, the American Society of Clinical Surgery met in Buffalo in the surgical clinic of the General Hospital. At these society meetings no formal papers are read, the work being purely clinical and demonstrative. The arrangements of the meeting were under Dr. Roswell Park's guidance, and to the members of the society were presented by Buffalo medical men many interesting and some rare cases illustrative of surgical work in Buffalo. After the meeting Dr. Park gave a luncheon at the University Club to the society members.

A CASE which is of unusual interest was operated upon at Dr. Park's clinic during the month of October. The patient was 18 years old. He presented on the left side of his head in the parietofrontal region a large, bulging tumor which preliminary examination showed to extend downward across the temporal region to the zygoma and apparently into the tissues of the cheek. There was a history of six years slow growth of the tumor. In operating, Dr. Park exposed both carotids, putting a provisional ligature around the right and tying off the left permanently. An incision was made from the left angle of the mouth upward to the zygoma, thence upward and forward along the long axis of the parietal tumor. The upper portion of the tumor was dissected out down to the zygoma beneath which it extended, necessitating a division of that bone. Here one portion dipped backward, another portion filling the antrum, one side of which had been destroyed; another prolongation extended into the tissues of the cheek. All the superficial portions of the tumor were

removed. An effort to follow the course of what appeared to be an outgrowth of the origin of the tumor in the spheno-maxillary fossa developed a large mass which, in view of the condition of shock which was rapidly developing, it was deemed unwise to attack. The cheek wound was closed, the upper wound was packed and closed with silkworm gut sutures temporarily, the intention being to do a second operation for the removal of the balance of the tumor when the patient's condition warranted. The patient died the same night. A postmortem examination revealed the tumor origin in all probability to have been at the posterior pterygoid plate. From the antrum two masses extended each side of the posterior nares. The tumor was a fibroma and the upper portion removed from the temporo-frontal region measured relatively 150 x 100 mm.

A RARE condition of aneurism of the left carotid was presented at Dr. Park's clinic at the General Hospital during the month. The tumor had been of gradual growth, and when operated was the size of a mandarin orange. Dr. Park exposed both carotids, placing a provisional ligature about the right and tying off the aneurism of the left above and below the tumor after which the whole mass was excised. The object in placing the right provisional ligature was to check possible hemorrhage by way of the Circle of Willis, originating from the right internal carotid. The patient made an uninterrupted recovery.

DR. EUGENE A. SMITH operated for thrombosis of the left femoral artery at the Sisters' Hospital, the thrombus occluding the artery which was already thickened and hardened by arteriosclerosis.

The patient is 78 years old and five weeks before being seen by Dr. Smith had fallen down stairs and sustained fractures of three ribs on the left side. There had been some ecchymotic spots on the left lower extremity, but he did not complain of this limb particularly until five days after the accident, when he spoke of pains extending downward from the knee to the foot and into the ankle and toes. These pains were worse during the afternoon and evening, worse on rubbing the limb and exercise accentuated the discomfort; they were not relieved by any application, hot or cold, and morphine in sufficient quantity was necessary to dull the pain. When first seen, five weeks after the fall, the extremity was colder and paler than the right and moist; there was no pulsation to be felt in the femoral artery from the apex of Scarpa's triangle downward. A diagnosis of thrombosis of the

femoral artery was made and amputation advised. A physical examination revealed a general condition of arteriosclerosis and heart murmurs, but the patient's general condition was good. Three weeks after examination he was seen again. In the meantime the pains had gotten worse, the second toe was dark and cold, developing odor and the patient was slightly delirious, temperature 100-101°. Amputation was urged and two days later the operation was performed after nerve blocking with cocaine by Crile's method. Owing to the heart condition ethyl chlorid was the anesthetic, three tubes being used during the operation, which consisted of amputation of the thigh at the junction of the middle and upper thirds by the circular method. Primary union followed and the patient went home in two weeks.

Postmortem of the leg showed the femoral artery to have been blocked by the thrombus from the apex of Scarpa's triangle into the popliteal space. The artery was calcified, generally speaking, but there were soft spots here and there.

Dr. Herbert U. Williams, professor of pathology, has returned from his vacation and renewed his work at the university. There are many improvements being made in Dr. Williams' department, and extensive research work is being done, details of which cannot, of course, at this time be made public.

The department of physiology, under Dr. F. C. Busch, has grown to be one of the most perfect and ably conducted in the state. In the laboratory, of which little is heard, a great deal of important work is being carried on.

In this year's classes there are 60 freshmen, 63 sophomores, 53 juniors, and 47 seniors. There are also a number of special students and several physicians doing post-graduate work.

The principal secret societies of the medical department have opened their frat. houses and are settled for the winter. Alpha chapter, Omega Upsilon Phi, is located at 393 Delaware avenue, and many of the student members have taken rooms in the house. Graduate members are invited to visit the house. A series of alumni receptions, to be held once a month, has been arranged.

Alpha chapter has received many letters from delegates, thanking it for its hospitality during the grand chapter convention held in Buffalo this year. Some idea of the extent of Omega

Upsilon Phi may be gained when it is known that the grand chapter convention was attended by delegates from California, Colorado, Canada, Missouri, New York, Ohio, Illinois, and Maryland.

The annual alumni reception was held at the chapter house on October 8, which was attended by nearly every member on the rolls.

The freshmen students were given a "smoker" on Friday evening, October 12. Many members of the faculty were present.

Quizzes in all departments have begun at the chapter house. The subjects are divided among the graduate members and the work is thorough and painstaking. This year all the special subjects have been taken up and are being gone into more extensively than heretofore, and especially is this so of genitourinary work, a thorough course of which, including instrumentation, has been arranged. Other special subjects will be taken up from time to time.

I. C. I. Society.—The I. C. I. Society frat. house is located at 151 North Pearl street, and Mr. Louis Hengerer, the president, has issued an invitation to graduate members to inspect the society's new home.

Quizzes and class instructions are under way at the frat. house, and much hard work is being done by the members. All the subjects covered each day at the university are gone over in the conferences, and the work is constantly being freshened and brought up to date. The society quiz masters are enthusiastic in their work. The I. C. I., too, is covering all the special subjects.

A freshman "smoker" was held during October, which was largely attended, many of the guests being members of the faculty, instructors and lecturers.

Alpha Omega Delta.—The A. O. D. chapter house has been located at 122 North Pearl street. It is one of the most comfortable frat. houses in Buffalo. The rooms are pretty well taken up by student members, who are all hard at work now.

The regular weekly quizzes began on October 15. The work appears to have been laid out on something like the same general plan as obtains at the other frat. houses.

The annual reception to the freshmen was held on Friday, October 8. This was the most successful freshman reception given by any of the fraternities. The entire freshman class was present, and the new students met many alumni and members of the faculty during the evening.

Dr. E. J. Meyer, adjunct professor of clinical surgery, and Dr. H. C. Buswell, adjunct professor of medicine, are still in Germany. Dr. Buswell is expected to return in December. Dr. Meyer has not fixed any definite date for his return.

Dr. L. G. Hanley, clinical professor of obstetrics, will return from his European trip in November, and resume his work at the university, giving the students the benefit of his clinics at the hospitals.

Dr. A. B. Wright, clinical instructor in genitourinary diseases at the dispensary of the University of Buffalo, has an article in the *New York Medical Journal* on vesical calculus, which is remarkable for the age of the patient, 7 years, the thickness of the bladder walls, 4 cm., and the duration of the trouble, 5 years.

The teaching staff of the medical department of the university numbers over 100, seven of whom make up the permanent faculty. There are 16 professors, adjunct professors and associate professors; 24 professors of special departments; 34 lecturers and instructors and 20 clinical instructors. There is a probability of early increase in the teaching staff by the addition of other departments and the extension of some of the special departments now existing.

Few medical schools are better equipped, or have abler teachers, than the university medical department, while as for clinical advantages Buffalo is really unexcelled with its wealth of hospitals and the almost unlimited opportunity for clinical instruction at bedside, in operating room and in dispensary and the observation of the progress of cases.

On October 8, Dr. Burton T. Simpson, assistant in pathology, read a paper before the Lake Erie Medical Society at Dayton, N. Y., on The microscope as an aid in diagnosis, which will be published in the next issue of the Journal.

THE first operation at the new Mercy hospital,—a case of ruptured urethra due to traumatism,—was performed by Dr. J. Henry Dowd, on October 14, 1904. Physicians present were E. M. Dooley, William G. Ring, P. H. Hourigan, James W. Nash, and Robert K. Grove.

PROGRESS IN MEDICAL SCIENCE.

Surgery, Obstetrics and Gynecology.

CONDUCTED BY WILLIAM WARREN POTTER, M. D., Buffalo.

ABDOMINAL VERSUS VAGINAL HYSTERECTOMY.

JOHN B. DEAVER, (*American Journal of Obstetrics*, Jan., 1904, Vol. XLIX., p. 9). The author calls attention to the fact that irregular bleeding from the uterus, whether before, during, or after the menopause should always be thoroughly investigated. In addition, he believes that negative findings by the microscope, in cases of a curettement are to be accepted by the surgeon with great reserve, and should not be allowed undue weight in the cases which present unmistakable clinical symptoms, especially in a woman approaching, or past, the menopause. He believes that many of the cases diagnosticated as hemorrhagic endometritis would be the better for a complete hysterectomy. He does not wish to be understood as claiming that a negative finding by the microscope is to be considered as an argument against its value in diagnosis, but merely that the curette may have escaped the cancer area or that the latter was situated within the uterine muscle. The author limits the indications for hysterectomy more closely than certain other operators. He states that if the uterus be adherent and fixed in the pelvis, the broad ligament extensively infiltrated and the vaginal vault involved, operation is unadvisable. He does not believe in the removal of the greater portion of the vagina, as recurrence will surely occur and in all cases where such an extensive operation is required, new channels are also opened up for the extension of the disease. Such cases will do better by thorough curettage and cauterisation. He personally advocates the abdominal operation for all cases of carcinoma of the cervix, except in the presence of nephritis, senility or in very stout patients. He does not believe that it is necessary to dissect out the iliac glands, as the increased freedom from recurrence which is claimed, does not compensate for the additional mortality, and he calls attention to the fact that many enlarged glands

are inflammatory and not cancerous. He believes in curettage of the cancer area and its cauterisation with pure carbolic acid before opening the abdomen.—*Therapeutic Review.*

PREGNANCY AFTER VENTRO-SUSPENSION AND VAGINO-FIXATION.

ONI, (*Annales de Gyn. et d'Obstetr.*, April, 1904,) from a review of the literature on this subject and his own experiences, finds that the ventro-suspension sutures must be placed on the anterior surface of the fundus uteri below the insertion of the tubes in order to avoid trouble in later confinements.

Vagino-fixation is to be done only in women past the menopause. Duhrssen's low vaginal fixation is not attended by trouble during labor, but is also not as sure a means of preventing a return of the retroflexion.—*Saint Louis Med. Review.*

TOILET OF THE NEW-BORN INFANT.

THE following routine is recommended by Riva-Rocci, (*Gaz. Med. Ital.*, Jan. 31, 1902): (1) insert the little finger in the mouth as far as the larynx and remove any mucus or foreign body there; (2) with 1-in-5000 solution of perchloride and a tampon of sterilised wool wipe the outer surface of the eye-lids; with a second tampon rapidly moisten the conjunctival sac with a few drops of this solution, and carefully dry the external parts: as a rule, no reaction occurs beyond a slight redness for a few hours: (3) with a third tampon cleanse the anterior nares; gonococcus infection here is not uncommon and is very intractable; a nasal douche has been suggested, but has its risks, and the author considers the other method efficient; (4) the bath should be of pure water: alkalies, soaps, and disinfectants are all irritating to the infant's skin; the only addition permissible is Unna's superfatted soap; the bath should be at a temperature of 95° F., so as not to produce cutaneous hyperemia and consequent nerve symptoms (in one case only is a hotter bath permissible, namely—in an asphyxiated child in whom the ordinary means of stimulating respiration have failed; it should then be given at 100° F.); the bath may last ten or fifteen minutes, if needed for cleansing; (5) dry the child with warm cloths, but not too hot, a mistake often made; for rapid drying, sheets of absorbent cotton are excellent: (6) powder the child with a fine absorbent powder, perhaps sterilised; an excellent one is Venetian talc and powdered starch, of each 1¾ ounces, crystalised carbolic acid ¾ grain, essence of lemon 10 minims; the whole affair should be evenly powdered, avoiding excess at any part.—*Medical Age.*

A CASE ILLUSTRATIVE OF THE UNCLASSIFIED TROUBLES OF WOMEN.

E. C. Savidge (*Medical Record*, Oct. 22, 1904,) publishes a case illustrating his standpoint in regard to conservative gynecology. Many features in this patient's condition seemed to render operation necessary, but a careful consideration of the case as a whole and the institution of appropriate treatment yielded a restoration to health and enabled the woman to become a mother. The patient was a woman of thirty, highly neurotic and suffered twice every seven weeks from very profuse and painful menstruation, the attacks being so severe as to require the strongest anodynes and even chloroform. Physical examination showed an infantile uterus sharply anteflexed, with a narrow os, and both appendages large and tender. In addition, there were many "unclassified troubles," such as polyuria, cold feet, pelvic congestion, diarrhea, rapid heart, swelling thyroid, and great venous relaxation. The anemia was also severe. By treatment, consisting of rest in bed, massage, muscle wringing, resistant movements, feeding, free diuresis, and tamponage at and between menstrual periods, iron, intestinal disinfectants, and vasomotor constrictors the condition rapidly improved, and after forty days the cure was completed by a simple dilatation under primary anesthesia. Three years later the patient was delivered of a healthy child, and for the two years preceding pregnancy menstruation was painless and regular.

THE CHINESE MANAGEMENT OF A TRANSVERSE PRESENTATION.

Dr. Anna R. Gloss, Pekin, China, states as follows: one day two men came to my house seeking a foreign doctor to go to the aid of a woman who was in labor. All they could tell me was that the "arm had come down and that the people were too poor to pay even the hire for cart for the doctor." Truly they were too poor. The house consisted of a single room, seven by eight feet. It was built of waste boards, paper windows and broken brick. A cotton curtain did duty as a door, even in the middle of winter. The kang or brick bed filled the entire room except a space two feet wide opposite the door. In this space, which had only a dirt floor, stood a table and a stove made from a discarded kerosene oil tin. Our wraps we left out of doors, and with difficulty we found a place inside to open up the obstetrical bag.

We found the patient on the kang dressed in her best clothes, half reclining in her mother's arms. A dying Chinaman is always dressed ready for the grave, so that the family need handle the dead body as little as possible.

The woman, we learned, had been in labor three or more days. The midwife had begun with the ordinary methods. Expensive incense had been burned under the mother's nose, a lighted candle had been placed in front of the vulva, the father had been sent upon the roof and his name repeatedly called in loud tones. All this to stimulate the child to come forth. Then the midwife sat behind the patient on the kang with her arms tightly clasped around her waist, making strong pressure from above, to compel the same desired end.

All should have gone well, but, unfortunately, the arm instead of the head came down. Then the midwife realised that she had a difficult case on hand. She procured some catsup from a neighbor, annointed the arm with it and repeated over it many times:

"Tzu, tzu, tsun, tsun, niang, niang,
Lung sheng, niang niang,
Kuai, Kuai tang tang tang ti."

Which, being interpreted, means, "Go back into the womb and come out properly." She then went home to dinner.

Returning some hours later and finding the arm still down, she went through the same performance, only using vinegar this time. Coming back again and finding no results from either the catsup or the vinegar, she tried the magic of salt and prayers. She did not use the deci-normal salt solution, but took the dirty brown salt used in their food. This also proving of no avail, she pulled upon the arm until it parted at the elbow, then upon the forearm until it also came away at the shoulder.

When there was nothing more within reach to pull upon, and pushing from above did no good, the midwife was in a dilemma. The pains had ceased and the patient was exhausted with loss of blood and want of sleep and food. At this point a neighbor's consultation was held in the court. Someone had heard of the foreign doctors, and two men kindly offered to go in search of one.

It was some hours later when we arrived on the scene, and in the meantime the family had given up all hope and dressed the sufferer ready for her coffin. Her pulse was so bad that with all possible haste we got her down on the kang by removing the old mother and the pile of pillows that supported her, took off the fine clothes, under which we found the pieces of dismembered arm, and the blood- and filth-soaked coarse paper, the only absorbent used in such cases. We brought her to the edge of the kang on a clean sheet, which we carry with us, and made a hasty wash-up. It is safe to say that this was the first washing of anything or anybody that had been done for three days. The child was

soon delivered by turning. From its position and that of the placenta it must have been dead some time.

The vulva was so edematous and blue that it seemed the tissues must tear at touch, but they were not badly torn. The uterus was slow about contracting, but finally did so, and we left our patient to the tender mercies of her ignorant but anxious friends, warning them against making her sit up as soon as we were gone.

She quite properly had fever, but we were not called to the house again, though the husband came to us for medicine for her for ten days. Whether she finally lived or died we will never know, unless at some future time she needs to consult us. Then she will come and tell us that she is the woman whose life we saved.—*Chicago Clinic.*

CORRESPONDENCE.

Medical Department of the Grosvenor Library.—A New Arrangement to Facilitate Research.

Editor Buffalo Medical Journal:

Sir.—Cards, like the enclosed, are being sent to the practising physicians of Buffalo in the hope that by their use we may make the medical department of this library more useful to the profession in this city. Our medical department is being constantly increased and strengthened by the addition of the best of the new medical books as they appear, and it is now in a better position than ever before to be of assistance to the student. If you wish to undertake the investigation of any subject here at the Grosvenor Library, or the preparation of any paper, fill out one of the enclosed cards and send it to the library a few days before you need the material, and we will use our best endeavors to have the resources of the library on that subject ready for you. We have found that the use of these cards in other departments of the library saves the time both of the student and of the library attendants, and the results of their use on the whole have been found very satisfactory. We hope the same may prove true of the medical department.

The use of the medical department, like that of all other departments of the library work, is entirely free to the physicians of this city and vicinity, and a cordial invitation is extended to all to avail themselves of its advantages.

The library is open from 9.00 a. m. to 10.00 p. m. during the week, and from 2.00 to 6.00 p. m. on Sundays. During the day there is a special attendant on the balcony floor where the medical department is located.

EDWARD P. VAN DUZEE,
Librarian.

BUFFALO, October 15, 1904.

The card referred to is as follows:

GROSVENOR LIBRARY, BUFFALO, N. Y.

Application by.....Address.....For material on the subject named below:.....The applicant will call to consult this material on or about.....

If the applicant will fill in the above blanks, giving name, address and the subject on which material is desired, the library attendants will look up the matter in advance, so the resources of the library on this subject will be at the disposal of the student at the time named above.

Klotz's Case of Syphilitic Reinfection.

Editor Buffalo Medical Journal:

SIR—I wish to call your attention to what I know was an unintentional oversight, as Dr. Klotz's article appeared in the July issue of our journal.

We are striving to make our journal representative of the highest standard in American dermatology and would appreciate any help in bringing us before our special class of readers by any such occasional notices as might seem suitable to you.

A. D. MEWBORN,
Editor Journal of Cutaneous Diseases.

NEW YORK, October 11, 1904.

(Note by the Editor.—The foregoing refers to an error we made in crediting our reference to Klotz's case of syphilitic reinfection in the October issue of this journal. Instead of the *Journal of the American Medical Association* it should have been given to the *Journal of Cutaneous Diseases,* a mistake we greatly regret.)

TOPICS OF PUBLIC INTEREST.

Vaccination in the Schools.

The Court of Appeals has affirmed the right of educational authorities to exclude from the public schools all children who have not been vaccinated. The case on which the decision was written was that by Edward C. Viermeister, of Brooklyn, against the board of education to compel the reception of his child in the public schools in spite of the declination of the parents to permit the child to be vaccinated. The lower court decided against Viermeister and he appealed the case. The arguments were made before the Court of Appeals and on October 18, 1904, a decision was handed down affirming the judgment of the lower court.

This makes the position of school and health authorities plain. As soon as a certified copy of the decision reached Buffalo, the health commissioner gave out an interview in which he stated that hereafter no child would be admitted to the public schools who was not either vaccinated by the physicians sent for that purpose to the schools by the health department, or presented a certificate of successful vaccination from the family physician.

The Viermeister case had an interesting phase in that it was based on the constitution which gives every child opportunity to secure a common school education.

In Ohio there is a similar case before the courts. On October 19, 1904, Charles M. Rifer, of Barberton, brought suit against the board of education for an alternative writ of mandamus to compel the reception of his four children who had been excluded from the schools because they had not been vaccinated. This case whatever its termination in the lower courts will be carried up, and now that the New York Court of Appeals has rendered a decision so sweeping and so uncompromisingly in favor of public health and protection, it is more than likely the decision will be used as a precedent for the handing down of a similar decision when the Ohio case reaches the highest court.

A Modern Crusade.

The Illinois State Board of Health is engaging in a vigorous and commendable crusade to stamp out tuberculosis from the state. For some time the board has been sending out a leaflet to the public on the prevention and cure of consumption. A third revised edition of this has just been issued and it has been

increased to a popular monograph of twenty-four pages, entitled, "The Cause and Prevention of Consumption." On the cover is this:

"The Illinois State Board of Health, as created by law, is charged with the general supervision of the interests of the health and life of the people of the state. In view of the fact that consumption, a dangerously communicable disease, is causing more human suffering and greater loss of life among our people than any other existing disease, it becomes the duty of the board to warn the people of its dangers and to advise them of the measures necessary to prevent its spread. Should this circular be the means of saving one human life,—and if the directions enjoined herein be followed, it will save many thousands,—the State Board of Health will feel that its work has been well done."

The work treats on how to avoid consumption, how to prevent its spread, how to destroy sputum, hygiene of the sick room, consumption and schools, climatic conditions, and the like. Consumptives are urged to be careful regarding sputum. All through the book "no spit, no consumption," is impressed on the reader. The following advice is given on the avoidance of consumption:

"The important points in the prevention of consumption are: pure air, sanitary surroundings as abundance of light and fresh air in the dwellings, office and workshop, proper clothing, good food properly cooked, moderate rest and recreation, avoidance of all excesses; in other words moderate living. The excessive use of alcoholic liquors lowers vitality, favors infection and hastens a fatal termination."

Regarding treatment we quote:

"Live 'out-of-doors' day and night, winter and summer. Wear proper clothing. Have no fear of night air and none of draughts. Court the sunshine. Avoid damp houses or rooms. Avoid crowds, smoke and dust. Avoid all excesses. Be careful that you do not excercise when you should rest. Eat plenty of good nourishing food. Drink plenty of good water. Keep your body clean. Take no drugs except on the advice of a physician. Never swallow the sputum which you hawk or cough up. Be hopeful and cheerful."

If a copy of this pamphlet could be placed in the hands of every individual in the United States, there would immediately be a great reduction in the amount of consumption in this country and eventually it could be practically eradicated. The Illinois Board supplies the monograph free to all residents of Illinois and is making special effort to get it into the hands of consumptives. This work is under the supervision of Dr. Jas. A. Egan, of Springfield, secretary of the board, who is one of the ablest and

most energetic sanitarians of the day. The Illinois Medical Society has also recently established at Ottawa, Ill., a colony for the treatment of consumptives, modeled after institutions in the east, under the charge of Dr. J. W. Pettit. Illinois is to be congratulated on having a profession working so energetically and unselfishly for the public welfare.

This is but another demonstration of the fact that the medical profession works for the public good regardless of its own interests. In spite of the stale newspaper jokes about doctors, medical men are working for public health which means cutting off their own revenues. Although unappreciated by the general public the medical profession is laboring to bring about better methods of living and less disease. The time is coming when there will be less work for physicians. Medical societies, instead of meeting to arrange prices and further selfish ends, are gathering to promote the public health and reduce their source of income. How many other occupations and societies are doing likewise?—*Wisconsin Medical Recorder.*

The Crusade Against Tuberculosis.

The following circular has been issued from the Board of Health office:

Buffalo, October 1, 1904.

This communication is sent out in the hope and expectation of enlisting the active coöperation of the members of the medical profession in a determined and sustained effort to combat the spread of tuberculosis. Buffalo must not be behind in the crusade which is at present being carried on throughout this and nearly all civilised countries.

Since the discovery of the specific germ of tuberculosis and the recognition of its spread through the sputum, the possibility of controlling the disease, perhaps of completely stamping it out, has attracted the attention of medical men. The result has been a widespread movement, with the object of minimising, or possibly exterminating the disease which is responsible for nearly one-seventh of human mortality.

As a means to this end, the education of the public, and especially of consumptives, is clearly all important. The active, earnest coöperation of physicians will be a necessary factor in making this most important movement a complete success. Every physician is urged to renewed activity in instructing the public generally, in availing himself of the privilege of the free exami-

nation of sputum, in reporting all cases as soon as discovered, and in furthering the efforts of the department to control the disposition of the sputum and the disinfection of the patient, his clothing and domicile.

That these matters are of the greatest importance to public health, and that they demand enforcement, even when involving some slight annoyance perhaps to the patient, must be evident to all fair-minded, progressive physicians.

The department of health is glad to announce that the tenement and tuberculosis committee of the charity organisation society is actively interested in this work and proposes to supplement the work of the department by means of public addresses, by newspaper articles, the distribution of literature, and the like. The coöperation of the department of public instruction, as well as of labor unions and other bodies, is in prospect.

This is a great work and one full of promise. It can be made a success only by the active, earnest efforts of the medical profession, which has here an opportunity to render the community a great service and one which will not fail to redound to its credit.

WALTER D. GREENE, M. D.,
Health Commissioner.

P. W. VAN PEYMA, M. D., GEORGE W. GILLETTE, GIOVANNI BANCHETTI, FREDERIC ALMY, JOHN D. LARKIN, JR., HENRY BULL,
Committee of the Charity Organisation Society.

The Pneumonia Commission of the New York Board of Health.

THIS board met for the first time Tuesday evening, October 18, 1904. Dr. Edward G. Janeway, of New York, was elected president and Dr. T. Mitchell Prudden, of New York, secretary. After a general discussion the commission decided to make a systematic study of pneumonia in New York, taking into consideration the frequency and variation of occurrence, evidence of communicability, mouth infection, seasonal relations, collection of statistics, and geographical relations. The commission was subdivided into a clinical committee and a bacteriological committee. The former is composed of Drs. Janeway, Osler, Musser, Billings, and Holt; the latter of Drs. Welch, Prudden, and Smith. Dr. Biggs will serve on both committees.—*N. Y. Medical Record.*

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor: 284 Franklin St., Buffalo, N. Y.

Vol. Xliv.—Lx. NOVEMBER, 1904. No. 4

How to Limit the Spread of Tuberculosis.

THE crusade against tuberculosis should be one of the accomplished medical feats of the twentieth century. Our ever-increasing knowledge of its nature—its contagiousness and its virility—give us weapons of great power to wield in the contest of extermination, and if properly and energetically applied, must accomplish the result so eagerly sought. During the past few years the medical profession has become thoroughly organised and massed in the warfare against this dread disease, and now it is time to ask the coöperation and assistance of the laity, and in no way can this be better done than by acquainting the public at large with the knowledge that we have received through years of experience and research.

The one characteristic which above all needs to be emphasised is the contagiousness of the virus, and in no way is the virus disseminated so broadly as in the expectoration of tubercular patients. The sputum of these patients is nothing more than colonies of tubercular bacilli held in solution by the mucus secretions of the upper air chambers. Once dried through exposure to the air the bacilli are freed and their virility being unimpaired they are scattered to the four winds and some assuredly become lodged in the air passages of other individuals where they find a favorable soil for propagation. Thus the army of tuberculotics gains recruits.

Of late there has been an attempt made to cut off this avenue of infection and ordinances have been passed by city authorities, often, however, carelessly enforced, making it a misdemeanor to expectorate in public places. In some cities, Washington and St. Paul notably, expectorating on the sidewalk is punishable by fine or imprisonment, and to the credit of these cities, the ordinances are rigidly enforced.

In Buffalo we have ordinances covering the street cars and public places, but are they ever enforced? Have any fines ever been collected from this source? In many cases the offenders are none other than those paid to enforce the laws.

The habit of expectorating in public is known throughout the world as a habit peculiar to America, and beside being disgusting and filthy is dangerous beyond estimation. Spitting on the sidewalk in front of public places where men and boys are wont to congregate is a public nuisance as objectionable from an ethical and hygienic standpoint as the majority of public nuisances which are punishable and rigidly enforced. Cannot, then, some step be taken to include public spitting with the public nuisances? If so, then cannot the public officials be instructed to carry out the penalties attached to such violations?

It would not be very long if arrests were made and punishment enforced before a very noticeable diminution of this nuisance would be apparent, and one arrest would serve notice to hundreds if not thousands of offenders of the danger they themselves incur by violation of this most wise and humane provision.

Dr. Louis A. Weigel.

ONE of the saddest incidents of prolonged experimentation with Röntgen rays is that which has resulted in depriving Dr. Weigel of his right hand and part of his left, on account of *x*-ray burns.

Dr. Weigel, who is a prominent orthopedic surgeon residing at Rochester, and a former president of the American Orthopedic Association, has been an enthusiastic amateur photographer, employing it chiefly in illustrating or diagnosticating injuries and deformities in the young. It is stated that frequently the skin on his hands became irritated or abraded with the developing chemicals and that, as a consequence, they were more susceptible to the influence of the *x*-rays. At all events, near the beginning of the present year he noticed certain ill effects pertaining to the frequent use of the rays, the manifestation beginning in one of his hands.

A few weeks ago he came to Buffalo and consulted Dr. Wende, remaining some time under his care. Some improvement followed which gave encouragement to Dr. Weigel and his friends, but again there came developments which strongly suggested the appeal to surgery. Accordingly, Dr. Weigel returned to Rochester, where at the city hospital, October 11, 1904, a double synchronous amputation was made of the right hand and three fin-

gers of the left, by Dr. Roswell Park, of Buffalo, and Dr. William B. Coley, of New York. Dr. Taylor, of New York, and Dr. Wende, of Buffalo, as well as some others, were present.

We understand that the distinguished patient has progressed favorably since the operation, with fair prospects of ultimate recovery. Dr. Weigel has the sympathy of a large professional circle in this distressing calamity, and the hope is widely expressed that his recovery may now be complete.

An Exhibit of Historic Interest.

A HISTORIC exhibition of rare and curious objects relating to medicine, chemistry, pharmacy and the allied sciences will be held shortly in London under the direction of Mr. Henry S. Wellcome, of the firm of Burroughs, Wellcomé & Company, well-known English manufacturers of pharmaceuticals. This exhibition will be something in the nature of a celebration of the twenty-fifth anniversary of the founding of the firm, and will bring together a collection of material illustrating the development of the art and science of healing from the earliest period up to the present time, from the crudest and most primitive methods and drugs to the elegant and finished preparations of today.

For many years Mr. Wellcome has been studying early methods of healing among the civilised and uncivilised races, and from time to time he has issued booklets descriptive of his work, which are among the most interesting publications on the subject. Naturally, the success of the exhibition will depend largely upon the coöperation of those who have made even a perfunctory study of the development of medicine and their willingness to loan whatever they may have in the way of illustrations, crude drugs, early pictorial plates, amulets, relics of medical practice instruments. The expense of transportation and insurance will be borne by Mr. Wellcome, who may be communicated with at Snow Hill Building, London, E. C. An idea of the scope of the exhibition may be gathered from the following classification of exhibits, which has been prepared as a guide:

CLASSIFICATION OF EXHIBITS.

Section 1.—Paintings, drawings, engravings, prints, photographs, silhouettes, medallions, sculptures and casts of historical interest, of: (a) distinguished physicians, surgeons, alchemists, apothecaries, chemists, pharmacists, nurses, etc.; (b) antient British and foreign medical, chemical and pharmaceutical institutions:

(c) important and interesting events in the history of medicine, chemistry, and pharmacy.

Section 2.—Rare and curious manuscripts, incunabula, books, periodicals, pamphlets and book-plates on, and connected with, medical, chemical, pharmaceutical and allied scientific subjects.

Section 3.—Letters, prescriptions, autographs, records of experiments, antient diplomas, licenses, instruments, apparatus, and other personal relics of medical, pharmaceutical and chemical interest.

Section 4.—Curiosities of medicine: (a) materia medica of all ages. Specimens of antient medicines in all forms; (b) formulæ of all ages; (c) antient and modern medicine chests—civil, military and naval; (d) votive offerings for health; antient and modern amulets, amuletic medicines, medals, tokens, seals, emblems, charms and talismans. Medical relics of savage and primitive peoples; (e) antient corporate insignia and early diplomas in medicine granted by British and foreign colleges; (f) rare and curious memorials of medical practice; (g) memorials of medication by animal substances; (h) memorials of the influence of astrology on medicine.

Section 5.—Curiosities of surgery: (a) relics of antient and mediæval surgery, dentistry and veterinary surgery; (b) antient and mediæval hospital equipment; (c) curiosities of anatomy, and curious anatomical models; (d) historical and antient surgical instruments, appliances, etc.; (e) antient corporate insignia and early diplomas in surgery granted by British and foreign colleges; (f) instruments used in surgery by primitive peoples.

Section 6.—Curiosities of pharmacy: (a) quaint pharmaceutical recipes; (b) scales, weights and measures of all ages; (c) antient stills, mortars and pharmaceutical implements; (d) curious bottles, carboys, retorts, alembics, ointment jars, drug jars, ewers, mills, etc.; (e) curious laboratory apparatus; (f) antient prescription-books and price lists; (g) antient counter bills, labels, business cards, curious advertisements and trade tokens; (h) antient apothecaries' shop-signs, early shop fittings and appliances; (i) early pharmaceutical specialties, and specimens of obsolete and strange medical combinations; (j) old travelers' advice-books, curious orders, and the like.

Section 7.—Curiosities of allied sciences: (a) antient herbaria—abnormal plant forms; (b) curious magnetic and electrical appliances; (c) curious relics of dental surgery. Early artificial dentures. Antient instruments, etc.

Section 8.—Historical apparatus associated with important discoveries in medicine, chemistry and pharmacy.

Section 9.—Preventive medicine. Public health. Tropical

medicine. Objects of interest, antient and modern, connected with the treatment of plague and pestilence. Exhibits illustrative of physiology, anthropology, microscopy, bacteriology, biology and geography, toxicology (curious poisons and historical objects connected with famous poisoning cases).

Section 10.—Nursing and ambulance: Early hospital and general nursing. Infant nursing. Ambulance appliances. Antient feeding cups and bottles. Naval and military nursing and ambulance appliances and equipments. Portraits of famous nurses. Relics and objects of interest associated with nurses.

Section 11.—Curiosities of photography: Objects illustrating the invention and history of photography. Early cameras and apparatus. Daguerreotypes. Portraits of the pioneers of photography. Original papers and early MSS. on photography. Application of photography to medicine. Early *x*-ray apparatus.

Section 12.—Adulteration and falsification of drugs, medicines, foodstuffs, fabrics, and of any articles affecting health, or associated with medicine, chemistry, pharmacy and allied sciences.

The American Journal of Urology.

THE *American Journal of Urology* has made its appearance, and the genitourinary specialists at last have a journal devoted exclusively to their interests without a dermatologic attachment. The first number, October, 1904, is a most excellent issue of a new journal from every viewpoint. It is typographically a handsome journal, and contains much valuable material concerning the specialty it represents. It is a credit to its publishers, the Grafton Press, and its editor, Dr. Henry G. Spooner, of New York.

The leading features of the initial number are articles by Kelly, of Baltimore; Ayres, of New York; and Cathelin, of Paris, all eminent in the field of genitourinary diseases. In addition there is a most excellent and intelligently arranged abstract department, which will be a permanent feature and which will be of inestimable value to the genitourinary specialist in keeping track of the literature of the world. The journal has been made the official organ of the American Urological Association and several other genitourinary societies, and this in itself makes it a most valuable addition to medical literature.

The editorial board consists of the following well-known specialists: Arthur Bevan, M.D., of Chicago; Follen Cabot, M.D., of New York; A. E. Gallant, M.D., of New York; Orville Horwitz, M.D., of Philadelphia; Howard A. Kelly, M.D., of Balti-

more; Gustav Kolischer, M.D., of Chicago; Robert T. Morris M.D., of New York; William H. Porter, M.D., of New York; Robert Bruce Preble, M.D., of Chicago, and Hugh H. Young, M.D., of Baltimore.

A Fight Against Carbolic Acid.

THE *Brooklyn Medical Journal* has been waging a warfare against the unrestricted sale of carbolic acid and has carried its campaign to a successful issue, Dr. Darlington, president New York Board of Health, having issued an ordinance requiring greater care on the part of druggists in dispensing this drug. In commenting on this the *Brooklyn Medical Journal* says: "Notwithstanding a protest from representatives of the Kings County Pharmaceutical Society, the ordinance will stand. We are unable to understand the attitude of the pharmacists toward this very necessary provision. According to a report, it is claimed that carbolic acid is so commonly used for cleansing purposes that the druggists have to sell it undiluted without a physician's order. Such an argument will receive no consideration, and Dr. Darlington will be abundantly justified when statistics shall have accumulated sufficiently to show the results of his order."

Buffalo might well follow Brooklyn's example in this respect with advantage. The sale of carbolic acid and cocaine is practically free in this city, and it is not a very difficult matter to secure morphine without a physician's prescription. It is a strange state of affairs, but one which exists, nevertheless; that it is in many cases easier to get poisons at a drug store than it is to secure liquor without a prescription. One reason for this is that the state excise department punishes erring druggists, while nothing is done when a suicide is found, with an empty carbolic bottle bearing a druggist's label by his side.

FRANKLIN STUART TEMPLE, who was associated with "Antonius," the "Boy Wonder," in his Buffalo career, was found guilty in the Supreme Court, on October 14, of violating the ordinance, requiring registration with the Board of Health. A fine of $100 was imposed. The costs will amount to about $100. A year ago Temple was tried in the Municipal Court, found guilty and fined $250. He appealed and secured a new trial, which resulted in a second conviction. This will stand, and marks one of the closing chapters of the career of Antonius as one of the most brazen medical fakirs who ever preyed on the ignorant, the foolish, and the superstitious of Buffalo.

When the British Medical Association met at Swansea, Wales, last year, Burroughs, Wellcome & Company issued a souvenir entitled, Antient cymric medicine, which was as nearly a complete history of medicine in Wales as could be prepared. This souvenir has now been reprinted in pamphlet form and is a most interesting addition to medical literature. The pamphlet is illustrated with reproductions of early manuscript medical works of the thirteenth century, and maps and engravings showing Druidic sacrifices and instruments and scenes.

An invitation was extended to the members of the Medical Society of the State of New York by the president of the New York Medical Association, Dr. William H. Thornton, to attend the meeting in New York, October 18-20, 1904, of the association and participate in the scientific discussions.

The notice of this courteous action on the part of the president of the association reached us through the secretary of the society, October 15,—too late for publication in the October issue of this journal. Nevertheless, we take pleasure in mentioning the fact and in expressing the hope that the invitation was received in season for the society members to accept it.

University Lectures.—A lecture was given on Friday, October 21, at 4 p. m., in the new Young Men's Christian Association building, the subject being, "Popular Government."

This was the first of the university lectures in the effort to establish an academic department of the University of Buffalo.

Following the lecture there was a general discussion of practical questions affecting the city government.

The health department in connection with the committee of the Charity Organisation Society has issued a circular regarding tuberculosis control, in which the aid of the medical profession is asked to prevent the spread of the disease. The circular is reprinted elsewhere.

The councilmen have approved the resolution of the aldermen at a recent meeting in granting Dr. Walter D. Greene, health commissioner of Buffalo, authority to appoint an extra man temporarily, for the purpose of disinfecting houses in which there have been cases of tuberculosis in the last five years. This is another step forward in combating this dire malady, now that the infectious nature of tuberculosis is so universally recognised. The importance of carefully disinfecting houses where cases of this disease have occurred cannot be overestimated.

PERSONAL.

Dr. John R. Pratt, of Manchester, and Dr. W. Scott Hicks, of Bristol, celebrated the termination of fifty years of active practice of their profession at the quarterly meeting of the Ontario County Medical Society, held at Canandaigua, N. Y., October 11, 1904. Remarks appropriate to the occasion were made and the exercises closed with a banquet at the Hotel Canandaigua. Dr. Roswell Park, of Buffalo, attended the meeting and presented a paper.

Dr. A. H. Briggs, of Buffalo, was elected first vice-president of The Association of Military Surgeons of the United States at its recent annual meeting held at Saint Louis.

Dr. Brooks H. Wells, New York, has been appointed attending gynecologist to Saint Vincent's Hospital in that city.

Dr. John B. Roberts, Philadelphia, announces the removal of his offices and residence to 313 South Seventeenth street. Hours: 8 a. m. to 12 m.

Dr. E. C. Dudley, of Chicago, president of the American Gynecological Society, has lately returned from a trip to the Pacific Coast. He was the guest of the Pierce County Medical Society at its meeting held at Tacoma, Wash., in September, and delivered a lecture on Surgical operations and pathologic conditions, which was beautifully illustrated by lantern slides.

Frank A. Ruf, Esq., of Saint Louis, president of the Antikamnia Chemical Company, who has recently been touring in Europe, has returned to his home in fine health and spirits. He extended his tour to include the Land of the Midnight Sun of which he speaks in enthusiastic terms.

OBITUARY.

Dr. William Wotkyns Seymour, of Troy, N. Y., died suddenly at his home, October 18, 1904, aged 51 years. Dr. Seymour was a graduate of Harvard University and received further medical training in Europe, becoming one of the most prominent physicians in the eastern portion of the state. His father, Dr. William P. Seymour, was also a celebrated physician, and the son obtained early advantages through that fact.

Dr. William Wotkyns Seymour was afflicted with gallstone disease some years ago and crossed the ocean to be operated for that condition by Mr. Lawson Tait. He made a complete recovery and had, himself, operated for similar conditions upon many patients. He was surgeon to the Samaritan Hospital, Troy, and a fellow of the American Association of Obstetricians and Gynecologists.

Dr. R. S. Myers, of Clarence Center, N. Y., died at his residence, September 30, 1904. Dr. Myers was a graduate of the University of Vermont, class of 1875.

Dr. S. H. Lynde, of Buffalo, a graduate of the University of Buffalo, 1889, died at his home, October 25, 1904, aged 35 years.

SOCIETY MEETINGS.

The Fourth Pan-American Medical Congress, which will convene in Panama the first week in January, 1905, bids fair to be a most delightful mid-winter trip. The delegates will leave this country by the Atlantic, Pacific, and Gulf coasts the last week in December. They will return by the same routes, or will make round trips.

The Public Health Association meeting will take place on the following week in Havana, and those desirous of attending both meetings, can arrange to do so.

There are two routes for the physicians to take from Panama to Havana. The first is by way of Jamaica to Santiago de Cuba by boat and overland by rail to Havana. The second is by water from Panama to Vera Cruz and from there to Havana. The former will probably be the most pleasant trip.

From Havana, the return trip can be made directly north to New York by water or via Miami or Tampa, Florida, or New Orleans. The connections and dates of sailing are now being arranged.

The Panamanian Government has appropriated $25,000 for the scientific sessions and the entertainments. The congress will be held from the second to the sixth of January. The afternoons will be devoted to the scientific sessions and the mornings and evenings to trips and social functions. So far as can be learned, the program in Panama will be a reception on the first day, by President Amador, of the Panama Republic, and the formal open-

ing session of the congress the same evening. On the second day, an excursion to the canal in the morning, meeting of the various sections in the afternoon, and a banquet in the evening; on the third day, an excursion down the bay to Taboga Island, where a Panama breakfast will be served, scientific sessions in the afternoon and a ball in the evening. On the fourth day, an excursion to the United States Army barracks in the morning, section meetings in the afternoon and the formal closing session in the evening. On the fifth day, an excursion to the plantation of the United Fruit Company; and on the afternoon of this day, those of the congresses who intend going to Cuba to attend the meeting of the Public Health Association, will sail for Jamaica, while those who intend going by way of Vera Cruz, or returning home by way of New Orleans or New York, will remain until the following Tuesday.

The secretaries of the sections of the congress for the United States, are: A. H. Doty, New York, Hygiene and Quarantine; Judson Daland, Philadelphia, Medicine; R. Matas, New Orleans, General Surgery; Bert Ellis, Los Angeles, Eye; Hudson Makuen, Philadelphia, Throat; Frederick Jack, Boston, Ear; C. H. Hughes, Saint Louis, Nervous Diseases; George Goodfellow, San Francisco, Military Surgery; John Ridlon, Chicago, Orthopedic Surgery; D. W. Montgomery, San Francisco, Dermatology; C. G. Kerley, New York, Pediatrics; Noble P. Barnes, Washington, Therapeutics; Walter Chase, Boston, Pathology.

Communications from physicians in the United States, interested in these branches, can be sent directly to these different secretaries. Delegates intending to attend the congress, desirous of obtaining information concerning it, should communicate with the secretary of the International Executive Committee in the United States, Dr. Ramon Guiteras, 15 West 55th street, New York City.

The quarterly meeting of the Erie County Medical Association was held at the University Club, Buffalo, on Monday evening, October 10, 1904, under the presidency of C. C. Frederick. The program was as follows: Some studies in metabolism, Herbert H. Glosser. The necessity of systematic examination of the eyes of defectives, F. Park Lewis.

David E. Wheeler was the secretary.

The Mississippi Valley Medical Association held its thirtieth annual meeting at Cincinnati, October 12-13, 1904, at which the following-named officers were elected: president, Bransford

Lewis, Saint Louis; first vice-president, Frank Parsons Norbury, Jacksonville, Ill.; second vice-president, J. H. Carstens, Detroit; secretary, Henry Enos Tuley, Louisville; assistant secretary, John F. Barnhill, Indianapolis; treasurer, S. C. Stanton, Chicago. The next place of meeting is Indianapolis, October, 1905.

The Buffalo Academy of Medicine held meetings during the month of October as follows:

A stated meeting of the academy was held Tuesday evening, October 4. The program of the evening was furnished by the surgical section, as follows: (a) The differential diagnosis in some gallbladder conditions, John Parmenter; (b) The question of drainage in operative work on the gallbladder and hepatic ducts, Eugene A. Smith.

Section on Medicine.—Tuesday evening, October 11. Program: (a) Essential medication in cardiac diseases, Eli H. Long; discussion by Charles G. Stockton and DeLancey Rochester; (b) Gastric ulcer, A. L. Benedict; discussion by Henry R. Hopkins and F. C. Busch.

Section on Pathology.—Tuesday evening, October 18. Program: (a) Two cases of double ureter, bilateral, James A. Gibson; (b) Concerning the accuracy of the hypobromite method for the estimation of urea, Willet H. Mosher, Ph.D.; (c) Practical demonstration of some points in the physiology of the heart, F. C. Busch; (d) Some experiments on the influence of the *x*-ray on the heart-beat and circulation in the frog, William Ward Plummer.

Section on Obstetrics and Gynecology.—Tuesday evening, October 25. Program: Fibroid of the ovary, F. W. McGuire; Face presentation, R. L. Banta.

The New York State Medical Association held its annual meeting at the New York Academy of Medicine, October 17-20, 1904, at which the following-named officers were elected: president, J. Riddle Goffe, New York; vice-president, Allen A. Jones, Buffalo; treasurer, F. A. Baldwin, New York; secretary, Charles I. Redfield, Middletown.

The Medical Association of Central New York held its thirty-seventh annual meeting Tuesday, October 18, 1904. The following program was observed: (1) President's address, Charles A. Vanderbeck, Rochester; (2) Toxins and acute infectious diseases as factors in the etiology of insanity, Frank H. Stephenson, Syra-

cuse; (3) Melancholia and the new plan of treatment, Floyd S. Crego, Buffalo; (4) Tic Douloureux from accessory sinus disease, John O. Roe, Rochester; (5) Pharmacal fraud, Albert L. Hall, Fulton; (6) The magnet in eye work—its use in two cases, (by invitation), Albert C. Snell, Rochester; (7) Quarantine, Frederick H. Sawers, Rochester; (8) Inflammation—its control, J. Henry Dowd, Buffalo; (9) Anomalously distributed pains in vascular and cardiac diseases, Henry L. Elsner, Syracuse; (10) Subject to be announced, John F. W. Whitbeck, Rochester; (11) Pain in the abdomen, Charles E. Congdon, Buffalo; (12) Remarks on muscular insufficiency of the stomach, Nathan W. Soble, Rochester.

The American Public Health Association will hold its thirty-second annual meeting at Havana, Cuba, Monday, Tuesday, Wednesday, Thursday and Friday, January 9, 10, 11, 12 and 13, 1905, under the following administration; president, Carlos J. Finlay, Havana, Cuba; first vice-president, Jesus E. Monjaras, Mexico; second vice-president, William C. Woodward, Washington, D. C.; secretary, Charles O. Probst, Columbus, Ohio; treasurer, Frank W. Wright, New Haven, Conn.

Transportation rates are not yet available, but the fare from New York and return will not exceed $70, and will probably be less. Full information in regard to transportation and hotel rates will be given at an early date.

The Esculapian Club was entertained by Dr. W. G. Bissell at the Markeen at its regular monthly meeting in October. Dr. George B. Stocker read a paper on Ether anesthesia, which was discussed by Drs. Colton, Seltsman, McGuire, Hoffman, Carr, and Congdon.

COLLEGE AND HOSPITAL NOTES.

The board of managers of the new Mercy Hospital has appointed the following-named physicians as the attending staff: medical department, James W. Nash, James E. Culbert, A. L. Benedict; alternates, Ira F. Trevett, James J. Brown, Robert E. DeCeu; surgical department, Edward M. Dooley, Vertner Kenerson, William J. O'Donnell; alternates, Frederick M. Boyle, Edward H. Brady, Daniel Murphy; department of gynecology, S. Y. Howell; alternates, Cornelius C. Carr and M. A. Sullivan; department of electrotherapeutics, J. H. Daniels, P. H. Hourigan; special diagnosis, Thomas B. Carpenter; laryngologist, W. S. Renner; depart-

ment of ophthalmology, Robert K. Grove; genitourinary surgeon, J. Henry Dowd; department of neurology, William C. Krauss; department of dermatology, A. E. Diehl.

The consulting staff consists of R. L. Banta and William C. Callanan, physicians, and Eugene A. Smith and Francis J. Carr, surgeons.

The Niagara Hospital, located at 261 Georgia street, Buffalo, is an incorporated institution, owned and managed by physicians, and is open for the reception of surgical, medical and maternity cases. Physicians have the privilege of treating their ward cases. A training school for nurses has been established. Dr. Francis W. McGuire is president of the institution and Dr. Francis M. O'Gorman is the secretary.

Saint Luke's Hospital in the city of Utica, which for the past twenty years has been a private hospital of fifty beds, is to have a new building on a new and better site, the gift of Mr. and Mrs. Frederick T. Proctor, of Utica. The new building, which is now nearing completion, is to have eighty beds, and is a fireproof structure of brick, stone, and steel, of the most approved modern type. The entire expense of the building and furnishing is borne by this one family, and the structure completed is to be turned over to the present board of trustees of Saint Luke's Home and Hospital. This is the largest single gift that has ever been made for philanthropic and charitable purposes in that part of the state.

The New York Skin and Cancer Hospital, Second avenue, corner Nineteenth street, through its governors announces that Dr. L. Duncan Bulkley will give a sixth series of clinical lectures on diseases of the skin, in the Out-patient Hall of the hospital, on Wednesday afternoons, commencing November 2, 1904, at 4.15 o'clock. The course will be free to the medical profession.

Dr. M. A. Crockett, adjunct professor of obstetrics and clinical gynecology, Buffalo University, has been granted a year's leave of absence and will spend the winter at Pinehurst, N. C. Early in the spring Dr. and Mrs. Crockett will start on a foreign tour and will spend the summer traveling on the continent.

Dr. Regina Flood-Keyes, clinical instructor in obstetrics and diseases of women at Buffalo University, will occupy Dr. Crockett's teaching position during his absence.

BOOK REVIEWS.

RADIOTHERAPY AND PHOTOTHERAPY, INCLUDING RADIUM AND HIGH FREQUENCY CURRENTS. THEIR MEDICAL AND SURGICAL APPLICATIONS IN DIAGNOSIS AND TREATMENT. By CHARLES WARRENNE ALLEN, M.D., Professor of Dermatology in the New York Post-Graduate Medical School. Octavo, 618 pages, 131 engravings and 27 plates. Philadelphia and New York: Lea Brothers & Company. 1904. (Cloth, $4.50, net.)

Though the field of discussion covered by the foregoing title is comparatively new, yet already considerable, even a voluminous, literature,—monographic, journalistic, and textbookish,—has sprung up more or less suddenly. Some of it, to be sure, is of a studiously scientific order by thoughtful investigators who are trained to the work and know how to make deductions of a useful character from their experiments. Much of it, however, is of an ephemeral nature, written by those who have only the merest inkling of the details of radiology and radiotherapy, some of it even by men or women who are failures at every other kind of medicine.

We are led to these remarks, not because we desire to apply this criticism to the book before us, but rather because we take this opportunity of saying that, insofar as we may be able to determine, we shall exclude from our pages all references to *x*-ray and other like subjects that do not possess scientific value.

The author of this book appears to have made judicious selection of the literature he has examined, to which he has added his own observations based upon actual clinical and experimental work. We say "appears" because it is hardly possible in this uncertain field for even the most careful observer to determine at present the full value of his material. In an agreeable introduction Allen gives among other things a nomenclature which every physician would do well to commit to memory. A writer who does not understand the precise meaning of the technical terms used in discussing light and ray details is liable to bring confusion to his readers.

The work proper is divided into seven parts, in the first of which is given general considerations of radiology, including the history and character of the *x*-ray, the methods of its production apparatus, method of administration and other similar topics. The other parts consider respectively, diagnosis, radiotherapy, light, actinotherapy, radioactivity, and high-frequency currents. The latter subject is quite new to literature and it is probable that it will attract special attention for that reason.

It is an undoubted fact that many heretofore intractable diseases have become amenable to the influence of *x*-rays, these chiefly being affections of the skin, hence dermatologists must be depended upon to give us the best information concerning methods and results in this field. Nevertheless, there are a num-

ber of other diseases which have been treated with this mysterious agent with more or less success, according to the statements published. The list ranges all along the line from abscess of the antrum to splenic anemia, from epilepsy to tic-douloureux, from appendicitis to tuberculosis, and from neuralgia to paraplegia. Many of these diseases are mentioned by this author as having been treated with more or less success, and he is particularly replete with the use of the rays in diseases of the skin.

But taken all in all, perhaps the most interesting of his chapters are those relating to burns and other deleterious effects of the *x*-ray, because of the importance they bear to the entire subject. It is essential that we should know the dangers of a method,—quite as much so, indeed, as its benefits; ignorance here is unpardonable, but now, as always,"fools step in where angels fear to tread." The worker with the rays appear to be specially liable to suffer their deleterious effects, of which the well-known case of Edison's assistant is an example; and, sadly enough, another is that of a prominent orthopedic surgeon in Rochester who recently sustained amputation of his right hand and part of the left.

This book cannot fail to prove of interest to every worker with light and its collateral topics, and is a distinct addition to the literature of the subjects with which it treats.

Modern Ophthalmology. A Practical Treatise on the Anatomy, Physiology, and Diseases of the Eye. By James Moore Ball, M.D., Professor of Ophthalmology in the Saint Louis College of Physicians and Surgeons. Octavo, pp. XXIV, 820, with 417 illustrations in the text and 21 colored plates. Philadelphia: F. A. Davis Company. 1904. (Price, cloth, $7.00; leather, $8.00.)

Ball's treatise is the latest candidate for professional favor in the department of ophthalmology. It enters the field in competition with many other works of acknowledged completeness and excellency, and to hold its own it must possess intrinsic merit and value, either equal to or excelling those already on the market. Our examination of it indicates that such undoubtedly is the case.

The aim of the author has been "to produce a work which shall teach and shall be valuable alike to the medical student, to the general practitioner, and to the specialist," and in so doing to "correctly represent the present advanced state of ophthalmic science and practice." At the outset, it may be doubted that the needs of the student, the general practitioner, and the specialist are altogether the same, and that any book can meet the necessarily dissimilar needs of the three different classes of readers. An attempt, therefore, to completely satisfy them in one treatise must be more or less unsuccessful. There is, however, a class of readers, who may look to such a common source of study, made up of the students who have an ambition to learn more

than the mere elements of ophthalmology, the general practitioners who desire to find more information than is contained in the ordinary compend or manual, and the specialists who wish to review more or less fully the subject they have in hand. It is to this conglomerate class made up of the three, and animated even by varied motives that such a work as this is adapted. It is this class, too, and it is by no means a small one, that creates a demand for it. Whether such a demand is not already pretty well supplied is a question not to be discussed here. The author has expressed his opinion that there is at least room for it, by the fact of the publication of his book. It is not to be denied that there is always room for meritorious work in ophthalmology, and this treatise, like all others, must stand or fall on its own merits. There is certainly an appreciative public to which it appeals, and by satisfying its requirements it will live and succeed.

The work is divided into twenty-five chapters, and includes the whole subject of embryology, anatomy, physiology, and diseases of the eye, together with a chapter on hygiene of the eyes, and one on the preservation of eyeballs for demonstration and the methods employed in microscopic examination of the eye. While the work cannot be considered a composite one, the greater part being by Dr. Ball, himself, yet several important chapters are contributed by others. In arrangement of subjects, the author has adopted the anatomical classification, treating of glaucoma and sympathetic eye diseases after considering diseases of the vitreous humor, retina and optic nerve. Following diseases of the structures of the eyeball is a chapter on diseases of the orbit, by William T. Shoemaker; one on anomalies of the muscular apparatus, by William Zentmeyer; one by John T. Krall, on refraction; one by John T. Knipe, on the ocular manifestations of nervous diseases; one on hygiene of the eyes, by H. G. Goldberg, and finally, one on methods employed in microscopic examination of the eye, by W. E. Fischer.

Thus, it will be seen that the work extends over the whole range of ophthalmology. In dealing with the various subjects a completeness has been obtained that is very unusual. Scarcely any morbid condition of the eye, or any therapeutic measure of value has been omitted, and there are very few important facts, either in anatomy or physiology, which are not referred to or described. In short, nearly every subject has been brought well up to date. The author may not always have put the emphasis where some of his readers feel that it belongs, but in the main the descriptions are ample, the pathology is in accordance with the latest conclusions, and the therapeutics, both medical and surgical, is conservative, yet efficient, and includes the verified experiences of a wide range of contributors. The arrangement is systematic, and the style is clear without diffuseness.

Accompanying a text so comprehensively presented, and so clearly written, is a selection of illustrations of unusual merit and instructiveness. Many of them are new and original, and

those in colors are unusually good. Those by the now famous painter of the fundus oculi, Margaretta Washington, of Philadelphia, are particularly commendable. All of them, however, so far as the printer's art permits, clearly and accurately represent the pathological conditions under consideration. Dr. Ball has produced a work of superior quality which deserves a wide circulation and careful study. A. A. H.

A Practical Treatise on Genitourinary and Venereal Diseases and Syphilis. By Robert W. Taylor, A.M., M.D., Clinical Professor of Genitourinary Diseases, College of Physicians and Surgeons (Columbia University), New York. Third edition, thoroughly revised. Octavo, pp. 757. With 163 illustrations and 39 plates in colors and monochrome. New York and Philadelphia: Lea Brothers & Company. 1904. (Price, cloth, $5.00; leather, $6.00; half morocco, $6.50 net.)

The rapidity with which the second edition of this work was exhausted was not alone gratifying to the author and publisher, but necessitated the issue of a third edition which gave Taylor a chance to go over his book and rather broaden its scope in certain sections. One of the most striking features of the author's literary work is that he steers clear of the overelaboration of rare anomalies, malformations and unimportant diseases.

They are mentioned of course as a matter of curiosity apparently, as they should be, but being rare they are of little benefit to the everyday practitioner whose labors are rather more concerned with the daily genitourinary affections and not with the curiosities. The book is largely made up of trustworthy practical information omitting surgical and therapeutic procedures of doubtful value. All the new genitourinary operations are given a place, with description and opinion as to their availability in certain cases. An air of solid and confidential conservatism marks the whole book. In dealing with gonorrhea Taylor enters an emphatic protest against the fallacies and dangers of the views of some of the latter day faddists who fly the green flag of fanaticism and fairly wallow in the glory of the miraculous cures of their newly discovered remedies. Yet even in the third edition the author has not quite reached the point where he can conscientiously condemn the irrigation method of treatment of gonorrhea, although he speaks of it with veiled dislike and without any positive commendation or condemnation, rather tending to the use of the reflux catheter. It is when he reaches the consideration of the use of silver products in gonorrhea that he gives rein to his fancy and speaks without the slightest hesitation or restraint. With the preliminary statement that silver nitrate is by all odds the best form of silver to use, best because it gives best results and is not masquerading under a fanciful name, he takes up the various patent preparations now on the market for which so many really miraculous cures have been claimed. Some of these he places among the remedies which have been discarded; others he classes among the therapeutic curiosities; while of still

another and later preparation, probably the most brilliantly advertised special silver product now on the market, he says it has given no results in his clinic which have not been achieved by the use of a weak solution of silver nitrate. The whole book is marked with that solid common sense which begets a feeling of safety, confidence, and certainty in the treatment of disease.

Syphilis is dealt with in the same intelligent way, which marked the preparation of this subject in previous editions of the book. There are 25 new illustrations and 12 plates in color and monochrome largely made from the author's own cases. An Italian edition of the book has recently been issued.

N. W. W.

EXAMINATION OF THE URINE. By G. A. DESANTOS SAXE, M.D., Pathologist to the Columbus Hospital, New York City. Duodecimo volume of 391 pages, fully illustrated, including 8 colored plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Flexible leather, $1.50 net.)

This is a new work on the subject of the examination of urine and it contains many features which are lacking in larger and more pretentious books on the subject. Saxe has written from a rather new viewpoint and while the book is a concise guide to a proper and satisfying examination none of the more important points have been overlooked or even slighted in the effort to be brief. One of the chief charms of the work is that it is not tiresome by repetition. Very little theory is considered. The purely theoretic matters are either lightly touched upon or ignored altogether, which is a decided relief and a saving of much paper and time. Unwieldy analytic points are briefly referred to only when absolutely necessary. The theory of urinary secretion and the methods of examination regarding the functional activity of the kidneys have been given more prominence than one usually finds in textbooks on the analysis of urine, and this in connection with the fact that Saxe does not use up otherwise valuable space in the exploitation of his own pet fads and fancies gives to the book an air of honest value which is refreshing. Special attention is paid to diagnosis and the interpretation of urinary findings with added hints as to methods of work based upon the author's own experience in the laboratory which are most helpful. Wherever weights and measures are given, the metric system is used except in rare cases in which the old system is employed in order to keep intact old formulas. Indicative of the scope of Saxe's work the first part of the book deals with the urine as a secretion; part two, the chemic examination of urine dealing with proteids, carbohydrates, urea and its congeners, the acetone group, coloring matter and inorganic constituents; part three is devoted to the microscope and is painstaking in its instruction and advice; the diagnosis of urinary diseases is taken up in part four and includes the diagnosis of functional efficiency of the kidney, cryoscopy, which is very excellently presented in detail; so much so that it

is clear and intelligent; the electric conductivity of urine, the rate of excretion, the chemic activity of the kidney, cryoscopy of the blood as compared with that of urine and the toxicity of urine. The book is completed by a list of working reagents and apparatus and taken as a whole it is one of the most understandable works on the subject yet printed. N. W. W.

A Handbook of Pathological Anatomy and Histology with an introductory section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M.D., LL.D., Emeritus Professor of the Practice of Medicine, College of Physicians and Surgeons, Columbia University; and T. Mitchell Prudden, M.D., LL.D., Professor of Pathology and Director of the Department of Pathology, College of Physicians and Surgeons, Columbia University, New York. Seventh edition, with 13 full-page plates and 545 illustrations in the text, in black and colors. New York: William Wood & Company. 1904. (Price, $5.00.)

Since the previous edition of this work was issued Dr. Delafield has retired from the joint authorship that had existed from the beginning, hence Dr. Prudden is responsible alone for the alterations, additions, and revisions that are presented in this issue. For many years "Delafield and Prudden" has been the recognised authority on pathology and histology. Seldom has a treatise on these subjects been issued in so many successive editions and remained so long at the head of the list as a favorite both of teachers and students.

The revision of the text for the seventh edition has not been perfunctory; indeed, much of it has been rewritten and practically all of it has been revised,—certainly wherever revision was necessary, even the foot-notes having been included in this reconstruction. Particularly have the sections on the blood, malaria, and the nervous system received attention, while new material has been presented on immunity, Ehrlich's "side chain" hypothesis has been detailed, and cytolysis fully set forth.

The illustrations deserve special mention, many new plates and photographs having been added, making this the most completely illustrated work on pathology extant; besides, on this and various other accounts, it appears destined to occupy the center of the stage for a long time to come.

Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist and Otologist, Saint Agnes's Hospital. Third edition, thoroughly revised and enlarged. Octavo volume of 669 pages, with 175 illustrations, and 6 chromolithographic plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net; sheep or half morocco, $5.00 net.)

It is a genuine pleasure to note the frequent reappearance in revised editions of a good book like this one, for it must be admitted on all hands that it has fallen to the lot of Kyle to pro-

duce one of the really excellent medical works of the new century.

The author gives the following summary of the changes made in this issue: the general plan of the previous editions has not been materially altered. The entire book has been carefully revised and such additions have been made as were rendered necessary by recent medical progress. The most important alterations and additions have been made in the chapters on keratosis, epidemic influensa, Gersuny's paraffine method for the correction of nasal deformities, and in the one on the *x*-rays in the treatment of carcinoma. The etiology and treatment of hay fever have been partially rewritten and much enlarged, as has also the operative treatment of deformities of the nasal septum. In the chapter devoted to general considerations of mucous membranes and hay fever the author records the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. The literature has been carefully reviewed, and a number of new illustrations added, thus bringing the work absolutely down to date.

The arrangement of the treatise is such as to make it easy of reference and in many ways it is specially adapted to the use of the general physician who, perforce, must deal with minor laryngology. We not only commend it to such, but to the specialist as well, who cannot afford to be without such a valuable contribution to the literature of the subject with which it deals.

A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Volume III, 918 pages, 595 engravings, 21 plates. Sold by subscription only. New York and Philadelphia: Lea Brothers & Company. (Per volume, cloth, $6.00; leather, $7.00; half morocco, $8.50, net.)

The surgery of the extremities is dealt with in this splendid volume consisting of six sections, thirty-nine chapters, and nearly a thousand pages. The first section of seven chapters comprises the surgery of the shoulder and upper arm, for all their malformations, injuries and diseases; the second section of ten chapters treats of malformations, injuries and diseases of the elbow and forearm; the third section, in four chapters, handles malformations, injuries and diseases of the wrist and hand; the fourth section considers the surgery relating to malformations, injuries and diseases of the hip and thigh; the fifth section presents injuries and diseases of the knee and leg; and the sixth and final section offers the surgery pertaining to malformations, injuries and diseases of the ankle and foot.

This volume contains nearly six hundred illustrations,—drawings, photographs, wood engravings, and plates, some of the lat-

ter being in color. It forms an essential part of one of the most comprehensive and best exponents of the surgery of the present day that has been offered for professional favor and criticism.

Railway and other Accidents with Relation to Injury and Disease of the Nervous System. A Book for Court use. By Allan McLane Hamilton, M.D., F.R.S.E., New York. Octavo, 363 pages. Illustrated. New York: William Wood & Company. 1904. (Price, $3.50.)

It is quite unique to find a book, independently of works on medical jurisprudence, written for court use; but here is one intended for both doctors and lawyers when needed in the course of trial causes. Moreover, it is prepared by an expert in the witness box and an eminent specialist in diseases relating to the nervous system.

Railway spine, so-called, has become of late years the *bête noir* of courts lawyers and doctors. Many whose claims for damages were made on this account have secured favorable action,—justly some, unjustly others,—while a few deserving ones have been rejected. This, in a measure, is true of most court claims for railway damages, due in part to the incompetency of expert witnesses possibly, and in part to the "smart" lawyers probably; and in still other part to the laxity court administration. Whatever the cause or causes may be, this book if adquately studied by courts, lawyers, and doctors, will serve to remove, and hence will lead to a better understanding all around.

Contributory negligence, the stock plea of the railroads, often becomes a delicate question for consideration,—one of course in which the doctor has little to do; nevertheless, he should acquire a thorough understanding of its bearings in each particular case with which he deals.

Hamilton asseverates that medical truths are, in their way, quite as well settled as axioms of law. True, but in their interpretation lies the difficulty. This treatise will, *inter alia*, serve to expound them with a clearness that every conscientious court will appreciate and welcome as an aid in many of the difficult problems that are presented for solution. Lawyers and doctors will find it an interesting and instructive book.

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume VI. General Medicine. Edited by Frank Billings, M.D., and J. H. Salisbury, M.D., Chicago. Duodecimo, pp. 330. Chicago: The Year Book Publishers. 1903. (Price, $1.00; entire series, $5.50, payable in advance.)

The subjects dealt with under the head of general medicine are, perforce, of a practical character. The clinician must know the symptomatology, pathology and management of typhoid fever, and he will find the latest thought relating to this disease em-

bodied in this number of the Year Books. For example, the anomalies of the disease are dealt with by Elsner; the complications, by Osler; relapses and post-typhoid manifestations, by Delafield. Diet is well considered by le Fevre; hydrotherapy, by Glentworth R. Butler. The classic types of the disease are well understood; it is the anomalies, the aberrant forms, that attract attention at the bedside; hence the value of just such works as this.

Much of the volume is devoted to diseases of the gastro-intestinal tract and all the later methods of treatment are set forth.

The Clinical Study of Blood-pressure. A Guide to the Use of the Sphygmomanometer. By Theodore C. Janeway, M.D., Lecturer on Medical Diagnosis, University and Bellevue Hospital Medical College, New York. Small octavo, pp. 313. Illustrated. New York and London: D. Appleton & Company. 1904. (Price, $3.00.)

It is inadequate nowadays to say that a patient has fever; we must be able to record the precise registration of the thermometer in degrees and fractions, else we may be charged with carelessness or even worse,—neglectfulness. That is what the clinical thermometer is for—namely, precision as against guess-work. So, too, in regard to blood-pressure; the sphygmomanometer is designed to tell us its precise volume, instead of permitting us to be satisfied with the mere impression the radial pulse conveys to the finger tips.

Janeway, the younger, has been the first to present the profession with a detailed statement in book form of the methods of measuring blood-pressure. It is not to be expected that all the facts are in at present, but sufficient have been established to justify the publication of this monograph, which may be regarded as a guide to the use of the sphygmomanometer and other instruments employed in measuring blood-pressure. It contains a description of these several devices, gives their cost, and mentions where they may be purchased.

The book discusses the physiology and pathology of blood-pressure in the full light of our present knowledge, the state of arterial pressure in different diseases is given, and the entire topic is dealt with in its relation to medicine, surgery, and obstetrics; diagnosis, prognosis, and therapeutic indications being given deserved consideration in all their special bearings. It is a work likely to attract the attention of all clinicians and laboratory workers, and should find its way into the hands of all physicians who are concerned in accuracy of diagnosis.

The Utero-ovarian Artery. Anatomy and Physiology with their Application in Diagnosis and Surgical Intervention. By Byron Robinson, M.D., Chicago. E. H. Colegrove, Chicago. 1903. (Price, $1.00.)

Studies in anatomy relating to special regions, are always of value in clearing away doubtful points of pathology or in aiding

in the solution of difficult problems in surgery. In this particular instance the abdominal and pelvic surgeon will be benefited by carefully examining the drawings, plates, and text, as they serve to elucidate many intricacies of artery distribution and ureteral relationship.

It is a work that represents vast industry and no end of patience,—a labor that has extended through years of research. We could wish that it had been printed in better form, or at least that the ink had been more evenly spread. Such painstaking dissections, injections, methods in corrosion, anatomy and other features deserve the best portrayal the printer's art can give.

Medical and Surgical Report of the Presbyterian Hospital, New York City. Volume VI., January, 1904. Edited by Andrew J. McCosh, M.D., and W. Gilman Thompson, M.D

As usual with these reports the one before us comes freighted with excellent material. It is prepared with the same scrupulous care that is given to an ordinary textbook and is printed on a finished paper that makes the half-tone illustrations show exceeding well; moreover, the careful English of the writers bespeaks interest in their work. Some of the articles,—for example, that on "septic peritonitis from appendicitis,"—will be referred to as authoratative. It is a genuine pleasure to receive such a hospital report as this.

BOOKS RECEIVED.

Saunders's Question Compends. Essentials of Nervous Diseases and Insanity: their Symptoms and Treatment. By John C. Shaw, M.D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition, thoroughly revised. By Smith Ely Jelliffe, Ph.G., M.D., Clinical Assistant, Columbia University. Duodecimo volume of 196 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.00 net.)

Saunders's Question Compends. Essentials of Bacteriology. By M V. Ball, M.D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth edition, thoroughly revised. By Karl M. Vogel, M.D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York City. Duodecimo volume of 343 pages, with 96 illustrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.00 net.)

Saunders's Question Compends. Essentials of Anatomy; including the Anatomy of the Viscera. By Charles B. Nancrede, M.D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. Seventh edition, thoroughly revised. Duodecimo volume of 419 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.00 net.)

Saunders's Question Compends. Essentials of Materia Medica and Prescription Writing. By Henry Morris, M.D., College of Physicians, Philadelphia. Sixth edition, thoroughly revised. By W. A. Bastedo, Ph.G,

M.D., Tutor of Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. Duodecimo volume of 295 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.00 net.)

Blood Pressure. As Affecting Heart, Brain, Kidneys and General Circulation. By Louis F. Bishop, M.D., Physician to the Lincoln Hospital, New York. One hundred and twelve pages. New York: E. B. Treat & Company. 1904. (Price, $1.00.)

The Medical Directory of New York, New Jersey and Connecticut. Published by the New York State Medical Association. Volume VI. 1904-1905.

Davis's Obstetrics. A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obsetrics in Jefferson Medical College; Professor of Obsetrics and Pediatrics in the Philadelphia Polyclinic, etc. New (second) edition, thoroughly revised and much enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colors and monochrome. New York and Philadelphia: Lea Brothers & Company. 1904. (Cloth, $5.00 net; leather, $6.00 net.)

Lectures to General Practitioners on the Diseases of the Stomach and Intestines, by Boardman Reed, M.D., Professor of Diseases of the Gastrointestinal Tract, Temple College, Philadelphia. Octavo, 1021 pages. Illustrated. New York: E. B. Treat & Company. 1904. (Price, $5.00.)

A Manual of Experimental Physiology. By Winfield S. Hall, Ph.D., M.D., Professor of Physiology, Northwestern University Medical School, Chicago. Octavo, 245 pages. Illustrated. New York and Philadelphia: Lea Brothers & Company. 1904. (Price, $2.75.)

Practical Dietetics. With reference to Diet in Disease. By Alida Frances Pattee, Instructor in Dietetics, Bellevue Training School for Nurses. Second edition. Duodecimo, 311 pages. Published by the author, 52 West 39th street, New York. (Price, $1.00.)

Beauty through Hygiene. By Emma E. Walker, M.D. Small duodecimo, 301 pages. New York: A. S. Barnes & Company. 1904. (Price, $1.00.)

Lea's Series of Medical Epitomes. Toxicology. By Edwin Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Duodecimo, 298 pages. Series edited by V. C. Pedersen, M.D., Instructor in Surgery at the New York Polyclinic Medical School and Hospital New York, Philadelphia: Lea Brothers & Company. 1904. (Price, $1.00.)

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume III. Fourteenth series. Philadelphia: J. B. Lippincott Company. 1904. (Cloth, $2.00.)

Handbook of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School, and A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post-graduate Medical School. Duodecimo, 300 pages. Philadelphia: F. A. Davis Company. 1904. (Price, $1.00 net.)

Diseases of the Nose, Throat, and Ear and their Accessory Cavities By Seth Scott Bishop, M.D., D.C.L., LL.D., Professor of Diseases of the

Nose, Throat, and Ear in the Illinois Medical College. Third edition, revised and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. Octavo, 564 pages. Philadelphia: F. A. Davis Company. (Price: cloth, $4.00; sheep or half-russia, $5.00 net.)

Surgery of the Prostate, Pancreas, Diaphragm, Spleen, Thyroid, and Hydrocephalus. A Historical Review. By Benjamin Merrill Ricketts, M.D., Cincinnati. 1904.

Refraction and How to Refract. By James Thorington, M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third edition. Duodecimo, 314 pages. Illustrated. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.50.)

Manual of Physiological and Clinical Chemistry. By Elias H. Bartley, B.S., M.D., Ph.G. Professor of Chemistry, Toxicology and Pediatrics in the Long Island College Hospital. Second edition, revised and enlarged. Duodecimo, 188 pages. Illustrated. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00.)

A System of Practical Surgery. By Prof. E. von Bergman, M.D., Berlin, Prof. P. von Bruns, M.D., Tübingen, and Prof. J. von Mikulicz, M.D., Breslau. Volume V. Surgery of the Pelvis and Genitourinary Organs. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, New York, and Edward Milton Foote, M.D., Instructor in Surgery. Royal octavo, 789 pages. Illustrated. New York and Philadelphia: Lea Brothers and Company. 1904. (Price: cloth, $6.00; leather, $7.00; half-morocco, $8.50 net.)

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A.M., M.D., LL.D., Professor of the Diseases of Women in the New York Post-graduate Medical School and Hospital. Octavo, 327 pages. New York: Frank F. Lisiecki, Publisher. 1904.

A Textbook of Histology. By Frederick R. Bailey, A.M., M.D., Adjunct Professor of Normal Histology, College of Physicians and Surgeons, New York. Octavo, 481 pages. Illustrated. New York: William Wood & Company. 1904. (Price, $3.00.)

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume VIII. Materia Medica, Therapeutics, etc. Edited by George F. Butler and Collaborators. Chicago: The Year Book Publishers 1904. (Price, $1.00; entire series, $5.50, payable in advance.)

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume IX. Physiology, Pathology, etc. Edited by W. A. Evans and collaborators. Chicago: The Year Book Publishers. 1904. (Price, $1.00; entire series, $5.50, payable in advance.)

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Volume X. Skin and Venereal Diseases; Nervous and Mental Diseases. Edited by W. L. Baum and Hugh T. Patrick. Chicago: The Year Book Publishers. 1904. (Price, $1.00; entire series, $5.50, payable in advance.)

The Urine and Clinical Chemistry of the Gastric Contents, the Common Poisons, and Milk. By J. W. Holland, M.D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Seventh edition, revised and enlarged, with 41 illustrations. Philadelphia: P. Blakiston's Son & Co. 1904.

LITERARY NOTES.

Announcement is made of the consolidation of *Southern Medicine* and *Gaillard's Medical Journal*, beginning with the October issue. Dr. William Edwards Fitch who established *Southern Medicine* in 1897, under the name of the *Georgia Journal of Medicine and Surgery*, and who has so ably conducted the magazine since that time, will be the editor of the amalgamated publication.

The *Journal of Obstetrics and Gynecology of the British Empire* is the title of a handsome magazine now in the sixth year of its life. It is edited by Dr. T. W. Eden, assistant obstetric physician at the Charing Cross Hospital, London, with the aid in special departments of D. Berry Hart, Edinburgh; Frederick William Kidd, Dublin, and William Japp Sinclair, of Manchester. With these are associated as an editorial committee Henry Briggs, Liverpool; Murdoch Cameron, Glasgow; Francis Henry Champneys, Charles J. Cullingworth, Alban Doran, George Ernest Herman, and Sir John Williams, London; Edward Malins, Birmingham; Alexander R. Simpson, Edinburgh, and Alfred Smith, Dublin. With these, again, appears a long list of collaborators comprising some of the most prominent physicians in Great Britain and the colonies.

The contents of the journal for October embraces original communications, critical review, review of current literature, review of recent books, and an index obstetricus. It is one of the best special medical magazines published in the English language, and should find its way to the library table of every teacher of gynecology and obstetrics. It is published by Sheratt & Hughes, at 65 Long Acre, W. C., London, and at the University Press, Manchester. Subscription price, single copies, 2s. 6d. net; annual subscription, 25s. post free; colonies and abroad, 26s. post free.

ITEMS.

Battle & Company, of Saint Louis, recently published Chart No. 3, of the series illustrating intestinal parasites. This plate depicts the tenia soluim—the pork-measle tapeworm and armed tapeworm.

The Davis Pharmaceutical Company, of New York, presents an advertisement on page xi., setting forth the value of Guaisotol, to which attention is invited.

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ORIGINAL COMMUNICATIONS.

Care of the Insane.[1]

BY C. A. VAN DER BEEK, M. D., Rochester, N. Y.

PERMIT me at this time to thank you for the honor you have conferred upon me, by electing me your presiding officer for this, the thirty-seventh annual meeting of the Medical Association of Central New York.

This society had its inception in the thought and wisdom of such men as Dr. Didama, of Syracuse, Drs. Dean, C. E. Rider, Hovey, and the late Dr. E. M. Moore, of Rochester, and others from the counties of Cayuga, Ontario, Onondaga, Seneca, and Wayne.

The present membership of nearly 300, composed of representative physicians and surgeons of seventeen counties of Central and Western New York, and the inviting programs of scientific papers offered you from year to year, are a fitting tribute to that wisdom and foresight of our founders, whose desire it was to stimulate the study of the science and art of medicine.

The growth of the association has been a healthy one. The publication of its transactions, under the efficient management of Dr. William C. Krauss, now in their eleventh year, has been commended by many. The social gathering in the evening is a fitting terminal to the day's close application, and is of advantage to the association by promoting a better acquaintance among the physicians residing in this district.

The inviting program we are able to lay before you today came in response to the cards mailed you early in September, and

1. Presidential address at the 37th annual meeting of the Medical Association of Central New York, held at Rochester, N. Y., September 20, 1904.

it will soon be my privilege to give way to those whose subjects are of more interest to the average physician than is that which I will now present.

There are today in the various hospitals for the insane in this state, nearly 25,000 insane patients, and many more of this class are going about almost without restraint. The majority of these are of the harmless class. Many, however, are dangerous to themselves or others. Every one of this vast number has, at some period, been in the care of a physician engaged in general practice. It is to the latter to whom appeal is first made for guidance in dealing with this distressing malady, and it is often not an easy matter to determine offhand what should be done. A public, almost devoid of knowledge of disease, and one which is not easily influenced, even by the dramatic quality of events, has, largely in response to the selfish instinct for self-preservation, given us a number of institutions, called state hospitals, which, in fact, are largely asylums, and have made them easy and convenient receptacles for all classes of the insane.

It cannot be denied that the condition of the poor, as well as the prognosis, is improved by removal to these places, but I am frank to say, I believe it is not so with the middle or wealthy classes. I believe more can be done for them in the home than in the large hospital, and that their chances of recovery will be increased by keeping them away from a state institution. Have we, indeed, the right to subject a nondangerous and recoverable case to the humiliation of forcible detention in a public institution and the later suspicion and fear which an ignorant public always holds for a recovered mental case? I believe we have not.

The typhoid fever case is never rushed to a hospital, unless circumstances at home make it imperative, or the convenience of the medical attendant is enhanced thereby, though there are many hospitals especially designed for that class. The hospital is not essential to the obstetrical or surgical case. Why then, should it be to this other great class of pathological states, grouped under the general head of mental troubles?

A few years ago the superintendent of a New Jersey insane hospital recommended that cases of puerperal insanity be kept at home until every available recourse but the asylum had been tried without success.

Meynert lectured to his classes in Vienna to the effect, that in every instance there is a disadvantage in sending curable cases to an asylum. Mandsley affirms that "a large proportion of the curable insane can be treated to the best advantage at home, or in small asylums or homes," and another alienist summed up his vast experience in the treatment of the insane by saying "that it

cannot be shown that the introduction of insane hospitals has added anything to the curability of insanity."

In the light of these authoritative views, and the facts well known to all who have carefully observed the effect of asylum influences upon the recovered cases, are we acting as true physicians or as conservers of the individual or public good when, through a spirit of commercialism, engendered by fear of trouble or the lack of time necessary to devote to the case, we advise immediate commitment?

We, as physicians, should discard the old theory that the insane require nothing more than sleep, and that, at whatever cost, but instead, we should know that a pathological change exists in this as in other forms of illness, which should be sought for and remedied, so far as is possible.

When our medical schools provide for a reasonable study of mental disorders, and make the passing of a final examination upon that subject equal in all respects to that of surgery or obstetrics, necessary before graduation, the subject will become far less dry, and physicians will be much better equipped to recognise disturbances of this character in their incipiency.

How many of the laity, or how many of our own number in fact, see in that symptom complex called neurasthenia anything more than the name implies; yet Dana asserts that 50 per cent. of cases so diagnosticated are, in realty, incipient cases of melancholia. And if it be true, as Clouston states, that all melancholias think of suicide, 20 per cent. attempt it, and 5 per cent. succeed, could not many curable cases be saved by the timely warning of the physician? It was but recently that the loss of a valuable life in a general hospital was caused by not recognising this element of melancholia in a supposed fatigue case.

It is a fact known to alienists that mental disturbances are very insidious in their onset, sometimes requiring weeks or months for their development, and that the prognosis is proportionally more favorable the earlier treatment is begun. We know the same principle obtains in other diseases, and we are constantly agitating for their prevention or early treatment. Why, then, in this doubly unfortunate class do we minimise the early warnings of a nervous trouble? I am sure many of the cases which now become organic and incurable could be checked in their incipiency if we better understood the toxin element in their etiology.

It is astonishing how we overlook the fact that alcohol causes directly a number of the insane, variously estimated at from 10 to 20 per cent., and syphilis produces large numbers of paretics annually, with its mortality of 100 per cent., while casting our

influence toward state protection from the other terrible scourges of yellow fever, variola, tuberculosis and many more; we seem to shield our eyes from the dramatic quality of these trio of terrible visitors and refuse to draw a lesson from our protege Japan, where the dissemination of the latter disease is largely curtailed by detention hospitals, to which all venereal cases must go until cured.

The subject of mental disorders is dry because it is so little taught, and so much less studied, that an interest is seldom awakened, yet untold good might accrue, and the treatment of recoverable cases in the home become a pleasure instead of a burden, by the same consciousness of responsibility in our relations to the insane that we feel in reference to other maladies.

In every city there should be at least one general hospital equipped with a ward or pavilion specially designed for mental and nervous cases, to which it would be considered no stigma to be taken, and where we could temporarily or longer, treat these cases exactly as we now do those of a general medical nature. Such a ward could be made of inestimable value to the public, and to ourselves. It would give the house staff an opportunity to acquire some of the rudiments of mental disorders by association with them. It would enable the nurses to obtain some clinical experience, without which they are usually of little service, no matter from what training school they may have received their diplomas, and it would have a beneficent influence in disabusing the public mind of the unpardonable ignorance, recently so aptly expressed by the superintendent of a large general hospital when she said to a visitor, "Your brother is not ill, he is only crazy."

Our relations to the insane are far more comprehensive than this. The public looks to us for guidance, and we should fully meet the obligation. Many of the recent cases are prone to harm themselves and it is obviously our duty to protect them from the possibilities of their own faulty concepts. A few, and only a few, are dangerous to the family or to the public, and we should be able to quickly detect the signs which make it essential to remove the patient from home, and this we can readily do if we will familiarise ourselves with Spitzka's classification of delusions and hallucinations. We would then find some have a complex logical organisation and are called systematised, while others are devoid of such an organisation, are not as plausibly based, as elaborately expressed, or as skilfully defended, and are classed as the unsystematised variety. The former, when fixed and permanent, are characteristic of paranoia, an incurable, and sooner or later, dangerous malady. The unsystematised, if creative, and

with elements of exaltation will be found in mania and maniacal states, and if to any of these be added many or varied visual hallucinations, usually of disagreeable objects, we are quite likely to have encountered a troublesome case.

If the fancies are creative, but with a predominating element of depression, and in some cases with visual or auditory hallucinations or illusions of single or few objects related to the patient's self, a melancholia will likely be present, although this class is found in the depressive phases of some chronic forms of mental disturbance. They may be monotonous and confused with elements of either exaltation or depression, and will then indicate either a defective development or a terminal state; or they may be monotonous and confused with elements of exaltation and depression mingled, and will then usually show an acute confusional form or one of pubescence, each safe and proper cases for home treatment.

Our individual responsibilities are not slight when we assume the care of an insane patient. It is not enough for us to say to the nurse, "You must be careful!" We should explain how, and that carefulness, as exercised in a typhoid case, might be carelessness with the insane. We should explain what to look for, and what to expect from this or that fancy. We should show her the value of persistence, of patience and of tact, all far more essential in mental than in body disorders. She must know that her presence will often avert trouble, and occasionally save life. We should impress upon her and upon the family, the fact that a sane and an insane person differ but little in their conceptions, and therefore merit the same careful attention and consideration, and when we, as medical practitioners, better understand the truth of the somatic element in the etiology of insanity, we will be better equipped for its early recognition, fewer cases will be certified, home treatment will receive greater attention, and with results more gratifying in every way to both patient and ourselves than we now obtain.

44 Gibbs Street.

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A Recent Epidemic of Scabies.

By E. WOOD RUGGLES, A. M., M. D., Rochester, N. Y.

SCABIES is generally termed a filth disease. In the majority of cases it is confined to the foreign, thickly housed and dirty classes and its prevalence is far greater in Scotland and continental Europe than in the United States. Its frequency has been pretty steadily increasing of late years, however, since the character of the immigration to the United States has changed and the great majority of our new citizens come from Italy, Russian and Austrian Poland, Roumania and Hungary, with a large admixture of the still filthier classes from the Orient. The intimacy of life in the steerage, with several occupying one bunk, infects a great many who were free from the disease when they sailed. The medical inspection of immigrants should exclude these persons, but it does not.

The "day nurseries" in large cities, where children are cared for during the absence of their mothers at work and are returned home at nightfall and the various "homes" and "asylums" for children serve to propagate the disease in many families. The bedding in hotels, and sleeping cars, which is rarely completely changed when the bed has been occupied but one night, is a prolific source of the disease. Hotel keepers in the state of Ohio seem to be particularly bad offenders in this respect, judging from the fact that apparently the only possible source of contagion in several of my own and Dr. Grover W. Wende's cases was a sojourn of some days in Ohio hotels, without other residence aside from their own homes.

Domestic animals cause a few cases, but their parasite is not long lived when transferred to the human race. Finally, much spreading of the disease is caused by failure in its diagnosis. I have had referred to me within the past ten days by a first-class physician a young man covered with vesicles, pustules and furuncles, caused by the disease, whom he had been treating with soothing ointments and letting sleep with his brother.

It is very interesting to observe the increase in the percentage of cases of scabies to the whole number of skin diseases treated in various dispensaries. In all of the dispensaries of Philadelphia this percentage increased from 1 2-3 per cent. in 1880 to 14½ per cent. in 1891 and 13½ per cent. in 1892. In all the dispensaries of five cities, New York, Boston, Baltimore, Chicago and St. Louis, it increased from 9-10 of 1 per cent. in 1880 to an average of 6 per cent. from 1887 to 1891 inclusive.

1. Read at the annual meeting of the Medical Society of the County of Monroe, at Rochester, N. Y., May 25, 1904.

In private practice also the percentage has increased considerably, if more slowly. Of the cases of skin diseases reported by all the members of the American Dermatological Association, it increased from ½ of 1 per cent. of all cases in 1880 to 2 17-100 per cent. in 1887. Stelwagon says he never saw a case in private practice prior to 1886 or 1887, while he now sees a score or more yearly. Having lost my records by fire it is difficult to state just how many cases I have myself seen during the past year, but at least 10 or 12. Have seen two during the past three weeks.

There also occur epidemics of the disease, as for instance during the Chicago exposition, when there was such a large influx of low class foreigners, especially from the Orient. The percentage of cases in Chicago doubled at that time and the St. Louis exposition will undoubtedly produce the same result. At such times the disease invades the well-to-do classes to a much greater extent than otherwise. During the past year there has been such an outbreak in Rochester and vicinity though I have seen no statement that it was general. In my own practice there have been at least three times as many cases of itch in proportion as during any other year and several physicians in general practice have told me the same.

Dr. Wende informs me that the same condition obtains in Buffalo, his proportion of cases having been much larger during the past year.

The Spanish-American war during which so many young men of the better classes went to Cuba as soldiers and the subsequent greatly improved relations between this country and Cuba, resulting in much visiting back and forth, is most probably the cause of this last epidemic, scabies being very prevalent on the island. The return of many soldiers and other visitors to the island infected with the disease, to their own homes, would account for an unusual feature of the epidemic—namely, its prevalence among the well-to-do, the majority of my cases having occurred in families where one would least expect it.

In these cases also the disease has, as a rule, presented very poorly marked features. There were few or none at all of the characteristic burrows or cuniculi and the disease could only be recognised by the situation of the affected areas and by the presence of an eczema which was evidently not idiopathic, but produced entirely by scratching. The pruritus which causes this, is often out of all proportion to the discoverable lesions which, in those who bathe frequently are, as a rule, very insignificant, consisting of isolated scratch marks, small papules, occasionally a row of minute pustules. Of course, many cases of simple

pruritus also present few or no lesions and the locality and multiformity of the lesions are the chief guides to diagnosis.

On close examination I have nearly always found some burrows, excoriations, papules, vesicles, pustules or crusts present in the intradigital spaces of hands or feet and, as a rule, on the glans and shaft of the penis. Next in frequency are the flexor surfaces of wrists, buttocks and anal region, scrotum, axillæ, abdomen, breasts of women and any area where pressure produces warmth, such as under the waistband of trousers or under corsets.

The burrow rarely assumes its classical appearance and the textbook writers must possess vivid imaginations to describe it as "a whitish or a yellowish, slightly arciform, linear lesion with regular parallel borders, covered with dots or specks representing the feces of the mite." Occasionally, one may meet such a lesion, but I am sure I have never yet found one corresponding to all these details.

It is also comparatively easy, according to the books, to isolate the acarus for microscopical examination, but I have rarely seen it done, and felt much satisfaction on securing a perfect specimen last December. These mites are very minute, only 1-100 to 1-70 of an inch in their long diameter and are, as a rule, completely concealed by the drop of blood, serum or pus liberated through the operation for their attempted extrication. Diagnosis therefore is generally a matter of impression rather than of absolute certainty. But in the presence of an obstinate pruritus, associated with fingernail marks, indicating the great severity of the itching, and multiform eczematoid lesions, especially in a young and otherwise healthy individual, in whom we would not await a pruritus *per se*, it is well to always have scabies in mind, to strip the patient and notice the regions particularly affected. Then by close examination we may find a few burrows, perhaps one only, marked by a row of tiny vesicles or pustules diminishing in size toward one end, sometimes a pustular tract like that left by withdrawing a splinter which has remained under the skin a few days. We shall surely find a certain linear character to some of the lesions, that whether papules, vesicles or pustules, they are longer in one diameter and oval or oblong in shape. In a few cases the black specks, representing the feces and looking something like black-heads, only that they are looser and more easily removed, are found.

Such lesions when found scattered over different parts of the body, especially when multiform in character, excoriations, papules, vesicles, perhaps pustules occurring simultaneously and principally on fingers, hands, wrists, axillæ, breasts in women and the

penis should be diagnosed as scabies, although no acari are found, and treated as such. The treatment can do no harm if the diagnosis is a mistaken one, while failure to cure a case not only prolongs the misery of the patient, but spreads the disease.

As to treatment there are two essentials; first, to kill the parasites, not only in the skin, but in the clothing and bedding also, by moist or dry heat, and, second, to follow up the case long enough to be sure it is cured. Sherwell's washed sulphur treatment, rubbing the patient very thoroughly with the dry powder after a prolonged hot soap bath and spreading the powder on the lower bed sheet has failed me but once, and it is the only cleanly method. Precipitated sulphur, 1 part to 5 or 6 parts ointment is very effective. Kaposi's ointment:

R	Naphthol	25 parts.
	Green soap	50 "
	Creta alba	10 "
	Benzoated lard	100 "

And Stelwagon's

R	Sublimed sulphur, balsam Peru, āā	℥ j.
	Naphthol	℥ ½ to 1.
	Benzoated lard or Ung. petrolati	q. s., ad ℥ iv.

are among the very best prescriptions. Two or three applications often suffice to kill the parasites, but the accompanying eczema, often aggravated by the treatment, may require some time for its cure.

On handing in the title of this paper, I had several interesting cases to report, but my records having been burnt, I can give the details of only three recent cases.

M. B., 28 years old, fine family, came to me last July for an intolerable pruritus. His arms were hyperemic and swollen from constant rubbing, but he had practically no characteristic signs of scabies. I believed it to be such, however, and put him on the washed sulphur dry treatment. He gave it a fair trial and getting little relief consulted one or two other physicians and several drug clerks, getting a different diagnosis and treatment from each. In December he returned to me and at this time I found one fairly characteristic lesion, from which I extricated a fine specimen of the female acarus, with a ripe ovum. Under more vigorous treatment he was entirely cured in two or two and a half weeks, as well as his brother who had contracted the disease from him.

Dr. X., a young dentist, consulted me in January for a very obstinate pustular dermatitis for which two physicians had been treating him for eczema several weeks. The pustules on and between the fingers and especially on the wrists were so deep-seated

and painful that he had been forced to give up practice. He could not draw his coat on or off without excruciating agony and even with help it was a long and painful task. To complicate matters he had a painful muscular affection of the arms, which at first seemed caused by infection from the very deep and virulent scabies pustules. It proved, however, that he had a urethral discharge containing gonococci and a posterior urethritis, though he had been discharged as cured. The gonorrheal rheumatism as well as the urethritis yielded to appropriate treatment and the scabies and resulting eczema, though deep-seated and obstinate, were cured in about three weeks.

C. K., 25 years old. Acquired scabies some time in November last. While there were some lesions on the penis, he performed coitus, about December 1. He saw Dr. Ernest Wende, at Buffalo, about Christmas, who diagnosticated scabies with particular involvement of the penis. The lesions, except on the penis, healed very satisfactorily, and Dr. Wende prescribed another and much thicker ointment for that region. The glans penis then became increasingly inflamed and tender, urination being exquisitely painful. At the time I first saw him, January 15, the glans penis was intensely congested, there were three denuded areas, about pea-size, one of them surrounding and extending into the meatus. His face showed the intense pain he was constantly suffering. The condition seemed to be the result of over-treatment, but I called his attention to a loss of substance on one lip of the meatus, and told him it might prove to be a case of syphilis. The general inflammation yielded slowly to alum acetate solution followed by an ointment of equal parts of emplastrum plumbi and olive oil, but I was obliged to cauterise the denuded areas to hasten repair. About two and a half weeks later, I found a roseola present and this with the glandular enlargement, which had been slowly progressing, confirmed my diagnosis of syphilis. Upon beginning active syphilitic treatment, with the use of an ointment of white precipitate locally, healing was immediate.

294 Alexander Street.

The Treatment of Infected Wounds of the Extremities.

By MARSHALL CLINTON, M. D., Buffalo, N. Y.,

Attending Surgeon Buffalo Hospital Sisters of Charity and Erie County Hospital; Instructor of Clinical Surgery, University of Buffalo, etc.

THE treatment of infected wounds of the extremities, to be rational, should be based upon a proper understanding of the agencies that cause infection. A study, in a general way, of all the agents possible of producing an infected wound show us that the temperature at which these agents grow best is the normal body temperature. Experimentation with the pyogenic

organisms has shown that a slight increase in the temperature above the optimum is sufficient materially to modify their growth, in many cases to stop the growth, and in others actually destroy them.

It has been known for a long time that a culture of the streptococcus pyogenes will die after forty-eight hours if the temperature of the culture is kept at 106° F. A slight rise of two or more degrees above the optimum temperature of the pus organisms will materially modify their growth and virulency. With all organisms the usual method of producing attenuated organisms in culture is to grow them at a temperature slightly above their optimum temperature. The thermal death point of all the pus organisms is given for short periods in minutes, but the lowest temperature that will kill these organisms after forty-eight or more hours is known only in the case of the streptococcus pyogenes. We know that the pneumococcus ceases to grow at 104° F.—a fact of clinical interest to medical men.

Acting upon the suggestion that a rise in temperature attenuates and destroys the pyogenic bacteria, a series of experiments were carried out to try and determine how high the temperature of the tissues of an extremity could be raised without harm.

A series of twenty-five experiments were carried out in the following manner: a hot air machine, of the small type in common use, was especially constructed with a funnel, shaped from the top of the machine leading into the center. The funnel was 4 inches deep, 4 inches across the top and 1 inch at the bottom. A thermometer was inserted into a small sinus to a depth of from ½ to 2 inches, and around the thermometer, and for a distance of ½ inch on every side was wound asbestos packing. The base of the funnel was pressed down tightly on to the asbestos packing, so that the thermometer as it emerged from the tissues and the packing was entirely outside the machine. The heat was then started with a Bunsen flame and the extremity heated under the machine, except just over the sinus and packing. It is found that the temperature of the hot air machine is tolerated by bare skin up to about 235° F. before there is much discomfort. The tissues in the extremity are raised in temperature to a point indicated by the buried and insulated thermometer. When a sinus in an extremity was used a temperature of from 102° to 106° F. was reached in the tissues, depending on the degree of heat obtained in the heater. It takes about fifteen minutes for the tissues to rise in temperature after the thermometer in the heater has gone up. The heat is retained in the tissues for about fifteen minutes after the hot air machine is removed. The temperature in the tissues will remain up as long as the hot air machine is left on.

For the past four years this method of treating infected wounds of the extremities by hot air has been employed and in every case the clinical results bear out the thought of the parallel behavior of organisms in culture media at the same temperature. No antiseptics are used on the wounds; they are simply covered with a sterile light dressing of gauze, to permit the heat to gain access. If a patient with a badly infected extremity who is being treated by this method leaves his hand out of the hot air for a few hours there will be a return of that stinging pain and a gradual rise in his temperature, showing the renewed growth on organisms that have been inhibited. In cases such as pyoarthrosis of the knee, which are always excessively sensitive and accompanied by much septic fever, it was found that this method of treatment eliminated a large share of these symptoms. When a hand or foot is badly injured with promise of much sloughing of soft tissue, this procedure gives better results than the macerating hot bath. The value of a hot bath is simply the degree of heat imparted to the tissues and here we may use a method that will convey as much or more heat steadily, without the drawbacks of the water maceration. Large areas of dead tissue may slough off without the development of the cellulitis, so often seen above the dead tissue. In cases of bone tuberculosis, with discharging sinuses, the septic element in the case as such may be materially modified by the continuous use of hot air.

The usual method of using hot air has been to apply it for an hour or more in rheumatic and traumatic conditions, but to be efficacious in septic conditions it should be used for from 12 to 20 hours out of each 24 hours.

This procedure is not recommended to the exclusion of such proper surgical principles as drainage, removal of dirt from a wound, relief of undue tension and the like, yet, combined with proper surgical procedures, it will be found most useful.

466 Franklin Street.

FOR CYSTITIS.

℞ Urotropin ..... gr. vijss.
Sodii phosphatis (acid) ..... gr. xxx.

M.—Ft. tales chart. No. xxx. Sig.—One powder dissolved in a glass of Vichy water three or four times daily.

TONSILLITIS.

℞ Sod. benzoat ..... ℥i.
Ext. cascara sagrad ..... fl ℥i.
Tongaline ..... q. s. ad ℥vi.

M. Sig.—A teaspoonful every two to four hours.

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

EDITED BY
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AND

Buffalo General Hospital — HENRY REED HOPKINS, M. D.
Hospital of the Sisters of Charity — EUGENE A. SMITH, M. D.
German Hospital — HERMAN E. HAYD, M. D.

THE American Society of Clinical Surgery held the first half of its third meeting at the General Hospital and the University of Buffalo on October 28, 1904, the meeting being in charge of Dr. Park, the local member. This society confines itself to clinical work and exhibition of cases, no papers being read at any time.

The first session of the Buffalo meeting was held at the General Hospital at 9.30 in the morning when cases of interest were presented by Dr. Park and other Buffalo surgeons. Dr. Park exhibited two very interesting gunshot wounds, illustrating the disabling powers of the modern high power rifle ball and the results when a soldier is injured at or near the centers of sensation and motion. The first case was a soldier of the 13th Regiment who was shot at San Juan, Cuba, on July 1, 1898. The ball, a Mauser, struck him about an inch and a half above the left zygoma, its course being downward and backward. It passed through the skull emerging at a point an inch below the right mastoid. The results of this wound are a partial left-sided paralysis, partial loss of sensation of the left side of the face, loss of sight of the left eye, due to corneal ulcers following the injury.

The second case was that of a soldier of the same regiment shot at the same battle, the ball passing from above downward. The bullet struck him on top of the skull midway between the forehead and the vertex. His own description of the injury was that of a prickling sensation all over his body. There was a free flow of blood and he states that some portions of brain substance dropped into his hand when he leaned forward. Immediately afterward he fired four shots from his rifle at a Spanish sharpshooter in a tree, then became unconscious. At the present

time he is totally paralysed on the left side and there is motor paralysis of the right leg.

Dr. W. C. Phelps showed a high up amputation of the thigh which made a perfect uncomplicated recovery. He also presented a case in which he had operated for removal of the Gasserian ganglion, which recovered rapidly and without complication. The patient had been entirely free from pain since the operation.

Dr. Phelps's third case was a prostatectomy in which he had done the perineal operation.

Dr. Park showed the case of carotid aneurism which was reported briefly in the Bulletin of last month. This patient has made a perfect recovery.

A very interesting series of cases was presented by Dr. Eugene A. Smith, the first of which was one in which he had operated for cancer of cecum. The operation consisted of excising the mass. His second case was one on which he had operated two and a half years ago for cancer of the pylorus. At the present time the patient is in excellent health and there has been no signs of a recurrence anywhere of cancerous growth. Dr. Smith also reported the case referred to in the Bulletin recently where he had amputated the thigh for thrombosis of the femoral artery. He also exhibited specimens of interest from his collection.

A case of thrombosis of the splenic artery was presented by Dr. Vertner Kenerson.

Dr. H. C. Rooth showed a case of fractured skull, frontal, vertex and base, with rupture of the middle meningeal artery in which he secured a perfect recovery. Dr. Rooth's second case was a gunshot wound of the left arm, the ball entering the inner surface, middle third, six weeks prior to exhibition, severing the triceps and rupturing the brachial artery. The triceps were brought together and nerve injury repaired. Four weeks after the injury motion of the hand and forearm appeared. A peculiar feature in connection with the case was that since the injury the nail of the hand of the injured arm had not grown.

Dr. Marshall Clinton presented a gallbladder case in which he had operated, a woman of 35, who had a history covering eleven years. When she came under Dr. Clinton's care she had high temperature and rapid pulse with a marked leukocytosis. The gallbladder was opened, stones removed and drainage was followed by a free flow of bile. Four days later she had a chill with colic and two small stones were discharged through the tube, having come from the cystic duct. The patient was making an uninterrupted recovery when presented.

A specimen of Meckel's diverticulum was shown by Dr. Clinton with a perforation. This case was reported in a recent issue

of the JOURNAL by Dr. Clinton. Dr. Park showed an old case of facial paralysis which he had operated. The facial nerve was divided seven years ago. It was sutured and the patient recovered with excellent result.

An interesting case of spina bifida and hydrocephalus was presented in which Dr. Park had operated on the bifida with perfect result. As yet nothing has been done regarding the hydrocephalus.

In the next case Dr. Park exhibited a thoracic-plastic operation performed thirteen years ago for empyema. The operation was widespread and there exists now considerable deformity of the chest wall, lateral left chest wall; but the patient is in such excellent condition that for the past nine years he has been doing fairly heavy work in a brickyard without serious inconvenience. In connection with this operation Dr. Park in presenting two other cases spoke of the use of brewer's yeast in pus cases which was originated at his clinic nine years ago, and had since been used with excellent results. One of the cases referred to necessitated the removal of a portion of one rib following pneumonia and a cavity containing two quarts of pus drained and packed with the yeast. In the other case pieces of five ribs were removed and a thickened pleura enclosing a pocket of pus was discovered, opened, drained and packed with yeast. Both cases recovered without complications and without delay. Two cases of malignant growth of the face, both on the left side, were presented by Dr. Park. One was a rodent ulcer, the patient being an old woman, for whom nothing could be done. The other case that of a comparatively young man who was also inoperable. He has an epithelioma which covers almost the entire side of the face and is rapidly progressing. This case originated ten months ago.

In view of the serious and in some cases fatal results following *x*-ray burns which have recently come to notice, Dr. Park's next case was of unusual interest. A young woman suffering with a tubercular wrist joint underwent *x*-ray treatment being exposed to the rays nine or ten times. A stubborn and rather widespread burn followed which ulcerated and resisted all treatment. When the case came to Dr. Park's attention he performed a skin-grafting operation and saved the hand with little deformity of the wrist. One of the most interesting of Dr. Park's cases was a prostatectomy by the suprapubic route after Freyer's method, but with modifications introduced by Dr. Park in the way of drainage which appears to lessen the chances of complication. Cathcart and Freyer both use drainage tubes, rather large in caliber, and pack these around with gauze. Dr. Park uses a much larger tube and

maintains a constant siphonage with a regulating stop-cock which prevents accumulation of urine and wound secretion. The advantage of this apparatus is shown in the rapidity of the recovery. The drainage apparatus was demonstrated to the members of the society.

A surgical engine for bone cutting was shown by Dr. H. R. Gaylord who also presented a large number of nails, screws, bits of glass and other debris which he had removed from the stomach of a professional glass eater.

After the morning session Dr. Park entertained the society and a few invited guests at luncheon at the University Club. In the afternoon the society visited the University of Buffalo, the Gratwick Laboratory, and in the afternoon at the University Dr. Park delivered an illustrated lecture on "Medicine and Surgery in Classic Art." A dinner at the Buffalo Club followed and in the evening the society went to Cleveland to complete the meeting.

Those who were present at the Buffalo session were A. D. Bevan, M. L. Harris, Chicago; J. A. Blake, George E. Brewer, New York; J. C. Bloodgood, Harvey Cushing, John T. Finney, Baltimore; G. W. Crile, Cleveland; G. G. Davis, C. H. Frazier, Philadelphia; R. B. Greenough, F. B. Lund, J. G. Mumford, E. H. Nichols, J. C. Munro, Boston; W. J. Mayo, Rochester, Minn.; Roswell Park, Buffalo.

The Cleveland program, arranged by Dr. G. W. Crile, was as follows:

Breakfast at the Hollenden Hotel.

Lakeside Hospital. D. P. Allen, by invitation; clinic; C. A. Hamann, by invitation: Case of cancer of thyroid with metastasis to the skull; F. E. Bunts, by invitation: clinical case; Thomas C. Martin, by invitation: Methods of examination and treatment of certain surgical diseases of the rectum with demonstrations; W. E. Lower, by invitation: (*a*) Value of the freezing point of the blood and urine in surgery, (*b*) Demonstration of ureteral catheterisation; Hunter Robb: clinic; G. W. Crile: (*a*) Demonstration of methods of control of the blood pressure and minimising hemorrhage, (*b*) Operation for pelvic hernia, (*c*) Operation for relief of vicious circle, following gastroenterostomy.

Luncheon at Lakeside Hospital.

Western Reserve Medical Building. Demonstration of borderland surgery. C. A. Hamann, by invitation: Surgical anatomy of the gasserian ganglion; Torald Sollman, by invitation: Perfusion of the excised kidney; W. T. Howard, Jr., by invitation: Surgical endotheliomata; J. J. R. Macleod, by invitation: (*a*) Secretin injection as an aid to the diagnosis of pancreatic fistula, (*b*) The value of chemical tests for the presence of trypsin in pan-

creatic cysts: G. W. Crile: (*a*) Physiology of striped muscle fibers in relation to dislocations, (*b*) Hemorrhage, (*c*) Subcutaneous feeding, (*d*) Resuscitation, (*e*) Plan of teaching surgical physiology.

Dinner at the Tavern Club.

Dr. George E. Brewer, president of the American Society of Clinical Surgery, is attending surgeon at Roosevelt Hospital, New York. He is an alumnus of the University of Buffalo medical department, class of '81.

Dr. Park operated for goiter at the General Hospital, under the most improved methods, early in November, with most excellent results, following Crile's procedure in thyroidectomy. The patient was a man of 28, with left side and median enlargement of the gland. The morning of the operation his blood pressure was taken to secure the relative normal pressure for guidance during the operation. Prior to operation the patient was placed in Crile's pneumatic suit. When put on the table for operation and immediately before the incision, the head of the table was elevated, bringing the patient into what might be termed a reversed Trendelenburg position. At the same time moderate pressure was made over the body by partially filling the suit with air. This permitted the larger veins to empty themselves, preventing hemorrhage and increasing blood pressure. In this procedure the undivided attention of one assistant is necessary to control the blood pressure, which is taken at frequent intervals. If pressure falls, it is rapidly restored by increasing the amount of air in the suit. The patient's normal blood pressure was 130. At one time during the operation it fell to 120, but rose immediately to 133, with increased air pressure in the suit. Dr. Park made a semicircular incision and dissected out the entire left lobe and the isthmus with very little hemorrhage. After the patient's return to the ward, blood pressure was frequently taken, and as no marked reduction was noted, the air in the suit was gradually reduced and the suit was removed in the evening. The patient made an uninterrupted recovery and was discharged from the hospital on the seventh day after operation.

The following case is chiefly interesting because of its diagnostic features. For over two years the patient, a man of 56, had complained of gastric disturbance, slowly increasing in severity until at the present time he suffered so much that his only relief was

secured by gastric lavage. His history was typical of pyloric obstruction with increasing difficulty until he presented himself, when there was almost total stomach stagnation, which he had been able to only partially relieve by lavage. With the noted symptoms there had been progressive and constant loss of flesh.

Under examination there could be felt a mass extending two inches beneath the free border of the ribs on the left side near the median line. The mass was hard, but not nodular, and upon air distension of the stomach became less distinct and moved to a position somewhat above the stomach. The questions to be determined, concerned the exact location of the mass whether in the stomach or not. If it was in the stomach it was not on the anterior wall, because it became less distinct on distension. If in the organ it must be posteriorly located. Then again there was a question as to whether it might not be the left lobe of the liver. This was, however, impossible to determine with any degree of satisfaction, and an exploratory incision was imperative for diagnostic purposes. The operation revealed a malignant growth of the left lobe of the liver with serious lymphatic involvement deep in the mesentery. The mass pressed upon the pylorus in such a way as to almost completely close it. The adhesions were dense and wide-spread, and the condition was plainly beyond surgical skill. A posterior gastroenterostomy was done as a palliative measure to relieve the pyloric obstruction. Recovery from this operation was uneventful.

There was brought to the General Hospital in Dr. John Parmenter's service a workman who had fallen 30 feet. He was practically in a dying condition. There was much bleeding from both ears; he was in deep coma, there was sensory and motor paralysis of both extremities, but sensation was present above the ninth dorsal vertebra, at which point there was marked angular deformity. The diagnosis was fracture of the base of the skull and fracture and dislocation of the spine at the ninth dorsal.

The patient rallied from shock quickly and for three days made rapid improvement in his mental condition, the paralysis remaining unchanged however. Operation in the beginning was not seriously considered, because of the basilar fracture, but with the improvement at the end of the third day laminectomy was done by Dr. Parmenter. He resected part of the ninth and tenth dorsal vertebras, relieving pressure and returned the patient to bed with traction at the head and both extremities. The patient's condition has markedly improved since the operation, and there is returning motion in the extremities as well as sensation.

CLINICAL REPORT.

Acute Hemorrhagic Pancreatitis.

By L. G. HANLEY, M. D., Buffalo, N. Y.

Reported by L. A. HIGHLAND, M. D.
Clinic at the Buffalo Hospital Sisters of Charity.

MRS. M., age 50; family history, negative; personal history, negative, except the usual diseases of childhood. Weight, 150 pounds; height, 5 feet, 4 inches; married twenty years ago, never pregnant; operated on in 1903 for inguinal hernia.

Patient came under my observation May 4, 1904, for gastralgia, with nausea and vomiting. She at this time was subject to severe attacks of gastralgia, coming on from two to three hours after meals. Such attacks were usually relieved by counterirritants and the ordinary household remedies. At this time the patient could retain nothing except tea and coffee. Lavage was instituted and a gastric analysis made, which showed some delayed motility together with the presence of the fermentative acids. Hydrochloric acid was present and starch digestion impaired.

Microscopically the gastric analysis showed a large amount of fat globules and the gross appearance of the contents also suggested fat. A peculiar subjective sensation of the patient at this time was the fact that to her the secretions of the mouth and stomach tasted oily. Lavage was employed every second day. The patient's diet at this time consisted of prepared milk and toast. After a week of lavage her general condition improved and her diet was gradually increased until at the end of two months and a half, she could drink milk and broth, eat scraped beef, toast and cereals. During this treatment of lavage no medicines were given, except a dram of artificial Carlsbad salts in the morning to regulate bowels, and an alkaline gastric sedative. The patient improved to such an extent that all gastralgia had disappeared, no eructations were experienced, headache ceased, and motility of stomach contents was practically normal. She had gained three pounds in weight during the two and a half months of observation. She left the city on a vacation and returned in about four weeks, feeling as well as before and having gained one pound a week.

PRESENT ILLNESS.

The patient did not consult a physician again until November 3, 1904, at which time she had a very severe attack of gastralgia. Pain was most severe in the epigastric region. At this time she was vomiting food which she had taken at the previous meal. Her temperature was normal; pulse, 70, irregular and of poor tension. She was writhing in pain, and her skin was cold and

clammy; half a grain of morphia was administered at 7 p. m. She was put to bed and hot fomentations were applied to the abdomen. Another half grain of morphia was given at 1 a. m. At this time the seat of pain had changed somewhat and was most severe in the region of the right scapula, from whence it radiated down the right arm. Next morning there was marked spasm of the right rectus extending down to the umbilicus. She was vomiting bile, was constipated, pulse, 90; temperature, 99°.

She was seen again in the afternoon of the same day, at which visit her temperature was 99°, and her pulse, 120. A blood count showed 21,000 whites; urinalysis showed granular casts, albumin, but no sugar. A diagnosis of cholecystitis was made and an operation advised. The patient was prepared for operation and an incision made in the right upper quadrant of the abdomen, with the intention of attacking the gallbladder. About one quart of dark fluid flowed from the wound, which resembled blood and bile. When the field of operation was cleared, it was observed that foci of fat necrosis without number, studded the omentum. These varied in size from a millet seed to the size of rice. On opening the gastrocolic omentum, the tissue of the pancreas was found filled with bloodstained fluid. Fat necrosis studded the lesser curvature of stomach.

The gallbladder was drawn into the field of operation, incised and three ounces of dark bile of the consistency of tar flowed out. As far as could be ascertained no calculi were found; neither palpation nor probing the ducts discovered gallstones. A drainage tube was inserted into the gallbladder and the patient was hurriedly removed from operating table.

Eleven days after the operation the patient improved to such an extent that she took nourishment well, the gallbladder still draining, bowels acting well and all indications pointed to complete recovery.

Fibroma of the Ovary; Report of Two Cases.

BY F. W. McGUIRE, M. D., Buffalo, N. Y.

FIBROMA of the ovary has been considered one of the rarest forms of ovarian new growths. While past literature contains very little on this subject quite recently a number of articles have appeared. Indeed, these cases would seem to be by no means as rare as heretofore has been believed. The history of my case is not as complete as I could wish, the woman being a foreigner of very limited intelligence. However, I was able to glean the following data:

Mrs. M. Z., widow, aged 56 years, was seen by Dr. Schroeter, who was told that three other physicians had pronounced her

case one of ascites. Dr. Schroeter, however, examined her abdomen and found that ascites was accompained by a large nodular tumor. She was sent to the German Hospital for operation. Her previous illness consisted only of childbirths of which she had seven, but no miscarriages. Three of her children died during infancy; the remainder are living and healthy. Menstruation began at eighteen, was regular but painful until the first child was born, ceasing at the age of 54, at which time she claims to have "caught cold," this being the beginning of her present illness. Shortly after the cessation of menstruation she noticed her abdomen was increasing in size, which has gradually continued until this record was made.

Upon examination the abdomen was found to contain fluid; also a large irregular tumor, extending above the umbilicus, of pelvic origin. It was somewhat movable and by bimanual examination the uterus seemed to move independently of the tumor. The uterus was three and a half inches in depth.

Operation.—On October 12, 1903, when the peritoneal cavity was opened a large quantity of ascetic fluid escaped and a large irregular tumor presented, which was found to arise from the left side of the pelvis. There were a few adhesions to the small intestines and a pronounced attachment at the bottom of the pelvis. The peritoneum was engorged, the bloodvessels were dilated, right ovary was in a state of atrophy, the appendix seemed normal, although longer than usual, while the uterus appeared about normal in size. I removed the left tube in connection with the tumor, the latter being attached to the growth. I closed the abdomen by layer sutures reinforced by silkworm gut. Her convalescence was uneventful. The gross appearance of the tumor is irregular and nodular to which is attached the Fallopian tube and a portion of the broad ligament. Its weight is eleven pounds, length, 8¼ inches; width, 8 inches, and thickness, 5¾ inches; consistency, firm and elastic.

Pathological Report.—Dr. Herbert U. Williams, pathologist at the University of Buffalo, reports as follows: diagnosis, fibroma, moderately soft. There is no admixture of smooth muscle. The main constituents of the growth are white fibrous tissue and connective cells. The fibers occur in bundles, very irregular in size and direction. The cells are in part spindle-shaped, like connective tissue cells; in part they are smaller, round with round nuclei and appear like young connective tissue cells. No mitosis was seen. In the more richly cellular parts, the cells occur in groups of large size; these parts resemble sarcoma closely, and this tumor is thus related to sarcoma. I should not, however, expect it to produce metastasis or show other malignant tendencies.

The superficial part of the tumor is dense, the remainder being looser; there are many small cavities filled with gelatinous material; these cavities appear to have arisen by degeneration of the

substance of the tumor, the jelly like formation being one of the varieties of mucin. Hemorrhage has certainly contributed to the formation of these cysts. Some of them contain blood pigment, fibrin, leukocytes, and even well preserved red blood corpuscles. There has been some hemorrhage into the solid parts of the tumor; it is well supplied with bloodvessels and some parts are very vascular.

The most interesting features in this case are the ascites and weight of the tumor. Ascites occurs in about 40 per cent. of ovarian fibroma, more frequently in the larger than the smaller variety. It is peculiar that fluid should be found in some cases and not in others and why it should be found in any case we are still at a loss to determine. Some maintain that it is due to the bruising of the peritoneum, but it is difficult to see how a small tumor could inflict sufficient injury to the peritoneum to cause the amount of fluid that is seen in some instances. If it were due to excessive mobility we would expect to find it associated with small cystic and dermoid ovarian growths. Furthermore, it has been reported several times at operation that no changes existed in the peritoneum. In this case, however, the peritoneum was engorged and the bloodvessels dilated although there was no apparent thickening.

The fact that some of these are mistaken for ascites should always put us on our guard when the ascites is of obscure origin. Peterson reports a case that was sent to the hospital for ascites which was tapped sixty-five times. I saw my case three months after operation and there was no return of the ascites.

From my examination of the literature, the weight, eleven pounds, appears somewhat unusual. Peterson, in a report of eighty cases, finds one case (Fleishmann's), weighing twenty pounds, one fifteen, one twelve, one eight, five cases each of seven, six, four pounds, seven, three pounds, four two pounds and sixteen one pound or under; in the remaining thirty-eight cases no mention is made of the weight, which were presumably of small size.

Since writing the foregoing my brother, Dr. E. R. McGuire, had a patient with an ovarian fibroma accompanied by ascites. She was an unmarried woman, aged 40 years. There was nothing of interest in this case until a year ago when she consulted her family physician for metrorrhagia and menorrhagia. She demurred so strongly to a physical examination that he was compelled to treat her empirically for almost a year, with no relief of her symptoms. Matters thus progressed until October 4, 1904, when he was hurriedly called to her home and found her

suffering with severe pain that required half a grain of morphine to relieve. Physical examination at this time revealed the presence of a large tumor of apparent pelvic origin extending well up to the umbilicus. A blood count at this date showed reds 3,000,000, whites 9,000. The patient was operated on October 14, 1904. When the abdomen was opened quite a quantity of ascetic fluid escaped. A tumor of the left ovary presented, which was removed together with the left tube. The right ovary contained a cyst, about the size of an orange, which necessitated its complete removal. The peritoneum was markedly congested, there were some adhesions between the tumor and intestines, presenting evidence of peritonitis. A later examination of the tumor on left side showed it to be made up of four distinct masses, three of which on section proved to be fibromata, with small hemorrhagic infarcts scattered throughout. The other tumor, located posteriorly, proved to be cystic.

The weight of the tumor after the escape of the cystic fluid was three pounds. This case is of interest on account of the cystic condition accompanying the fibroid.

1175 Main Street.

SOCIETY PROCEEDINGS.

Buffalo Academy of Medicine.

Section on Medicine, October 11, 1904.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

THE regular meeting of the medical section was held Tuesday evening, October 11, 1904, at the Academy rooms in the Public Library Building. The meeting was called to order at 8.45 o'clock by the chairman, Dr. Allen A. Jones. The minutes of the last meeting were read and approved.

Dr. Eli H. Long presented a paper, entitled

ESSENTIAL MEDICATION IN CARDIAC DISEASES.

(Author's abstract.)

The writer aimed to discuss only common conditions and well-known remedies. He called attention to the two types of cardiac disease: (*a*) endocardial; inflammatory in nature, of which rheumatic disease is a type; (*b*) myocardial; degenerative in character, of which sclerotic or fatty heart is a type.

He reviewed briefly the physiologic action of the most commonly employed drugs.

As representing the first class of cases, acute endocarditis with valvular disease was discussed. The use of digitalis was considered improper during the acute inflammation, its action being contrary to the principle of rest and tending to aggravate the condition.

Aconite was mentioned as the drug which would give the same slowing effect as digitalis, and at the same time lessen force and friction of the blood current within the heart. The great majority of cases could be carried to perfect compensation without the use of cardiac stimulants. In the minority of cases, when the heart is unable even under conditions of rest and good hygiene to maintain a proper circulation, we have a disturbed balance between the arterial and venous sides of the circulation. With venous fulness there occurs diminished oxygenation, faulty katabolism and deficient elimination. The blood is more or less toxic and the heart is poorly nourished. Dilatation of the heart follows. These are emergency cases which call for stimulation, and the use of digitalis should be looked upon as emergency treatment. The writer emphasised the importance of dilatation and its bearing upon treatment, and considered that in such cases digitalis, by contracting the volume of the heart, places it at a better advantage for efficient action.

Elimination was regarded as of prime importance. Jalap being nonirritating and very prompt, was recommended in full doses, in order to secure from three to six fluid stools daily. Strychnine is not relied upon by the writer for much direct cardiac effect, being rather a potential nerve stimulant. Caffeine stimulates the rapidity of the heart action without increasing the efficiency. Atropine was regarded as a second rate cardiac stimulant. Cases of broken compensation become essentially myocardial, and require treatment approaching that for the second class of diseases.

Regarding the myocardial or degenerative class, the rule was laid down that, the greater the degree of degeneration the less we may expect from cardiac stimulants and the less they are indicated. The importance of the cardiac nutrition, dependent upon a good general nutrition of tissues, was emphasised. The typical case would be one associated with arteriosclerosis, inefficient capillary nutrition throughout the body, and irregularity of the heart dependent on the degree of degeneration. Nonmedicinal measures were regarded as more important than medicinal, particularly those that improve the circulation in the capillary area and lessen resistance in the circulation.

The use of digitalis in these cases was questioned, because of its vasoconstrictor effect. When needed, a vasodilator should be combined with it.

Atropine was advised in cases with slow pulse, which probably represents diminished reactive power of the heart.

The nitrites were spoken of for temporary use, to lessen peripheral resistance and improve capillary circulation, but it was pointed out that the vasodilation and the more rapid heart action were both due to a depressant action of the drug. The writer concluded by emphasising the belief that the object to be sought always is not stimulation of the heart, but improvement in its nutrition.

DISCUSSION.

The discussion was opened by Dr. Charles G. Stockton who said that in inflammatory conditions, especially endocarditis, drugs of the digitalis type are contraindicated, although in a few cases with early and rapid dilatation, digitalis may be good.

In acute endocarditis, besides rest and cutaneous stimulation of the capillaries by sinapisms, friction or heat, one of the most important steps is to combat the toxins. Eliminative measures are important. A. L. Loomis said that by treating the great glands, like the liver, we could do the most for the heart. Large doses of calomel are of great service. Blood letting over the liver and wet cupping or leeching over the liver, give relief.

Digitalis improves the nutrition of the heart and lessens dilatation better than any other drug. But its use as a routine is regrettable. There comes a time in the disease when it is useless. It affects people very differently, and we can only know its use in a given case by making a trial of it.

In all heart cases we use too much medicine. We should relieve toxicity and open the "capillary area." Assistive respiratory movements are useful.

Digitalis is often valuable in spite of degenerative changes in the heart, especially when given with the vasomotor dilators. Nitroglycerine as commonly employed does very little good as a vasomotor dilator. By giving doses in strength just short of causing headache, every six hours, we get poor results. It should be given every hour or two, in minute doses—1-300 to 1-500 grain.

Dr. Henry R. Hopkins said he had often succeeded in the treatment of greatly dilated heart by the use of morphine hypodermatically. Aconite, in large doses—10 to 30 drops of the tincture—two or three times in twenty-four hours reduces blood pressure from 190 or 200 to 150 or 160.

Dr. A. L. Benedict read a paper entitled,

CLASSIFICATION OF GASTRIC ULCERS.

(Author's abstract.)

He urged the use of the word ulcer as applied to the stomach in the same general sense of a solution of superficial continuity, in which it is used for other parts of the body, especially as there is no unanimously accepted conception of what is ordinarily termed peptic ulcer.

The diagnosis of gastric ulcer is intimately connected with hemorrhage. Indeed, without hemorrhage or the opportunity of direct inspection, we can scarcely make more than a tentative diagnosis of gastric ulcer and, conversely, a hemorrhage that can clinically be ascribed to the stomach, almost always indicates some form of ulcer of the stomach. The following classification, therefore, not only includes a broad conception of gastric ulcer but, for convenience, includes some forms of hematemesis not strictly arising from an ulcer in any true sense of the word.

1. Peptic ulcer. This occurs mainly in neurotic and fairly young persons, mostly women. It is probably due to spasm of arterioles or an opposite condition of paralysis, as in Reynaud's disease and almost certainly not to organic vascular disease, embolism and the like, as formerly taught. The primary element in the production of any true gastric ulcer is death of tissue or so marked depression of vitality that digestion of the area affected occurs. Such digestion is an inevitable consequence, unless there is a marked achylia. While peptic ulcer is usually connected with hyperchlorhydria, it should not be assumed that there is merely an erosion by acid and, indeed, it is by no means established that hyperchlorhydria and peptic ulcer are typically associated.

2. Superficial erosions due to chemic and thermic corrosion.

3. Ulcers due to organic vascular lesions, such as embolism, thrombosis. The frequency of end arteries in the stomach favors the production of necrotic areas, whether the obstruction to circulation be neurotic or organic.

4. Catarrhal ulcers are, without propriety, separated from the last group, but the vascular disease is less definite and local. They occur in chronic gastritis, on account of diminished nutrition of the gastric cells and are analogous to certain eczematous ulcers of the skin.

5. Varicose ulcers are usually due to portal obstruction and, practically, almost always to portal obstruction or hepatic obstruction. There may be massive, even fatal hemorrhage, without time for the development of a true ulcer and the hemorrhage may occur from ruptured veins of the esophagus or intestine, so that

the exact diagnosis and classification may be difficult. Packard, shortly before his death, collected about sixty cases. The writer had seen about a dozen, only one of which was included in Packard's list, so that the condition is more common than might appear. When the hemorrhages are small and repeated, it may be difficult to diagnose this condition from cancerous ulcer. On the other hand, persons with ulcers of the third and fourth type may also have hepatic sclerosis, so that the differential diagnosis is often impossible during life.

6. Toxemic diapedesis, with a tendency to actual rhexis, occurs in scurvy, purpuras, and perhaps in Banti's disease. This is not a true ulcer, although it is possible that one may develop secondarily.

7. Vicarious menstruation is commonly recognised as a cause of gastric hemorrhage. It is not a true ulcerative condition according to the ordinary conception but the pathology of the condition is subject to considerable argument.

8. Gangrenous ulceration of the stomach occurs when, for some reason, there is a failure of prompt proteolytic digestion. The ultimate cause of such ulceration might, theoretically, be very varied and, indeed, gangrenous ulceration is not really to be considered as a separate group. The writer had never seen a case except in cancer of the stomach, so that he considered a putrid odor coming from the empty stomach or other evidence of actual bacterial decomposition of necrotic tissue in masses, as fairly diagnostic of cancer, though, of course, not pathognomonic.

9. Phlegmonous ulceration is essentially due to the action of bacteria, either beginning as an ulcer with burrowing of pus or beginning with some form of abscess which ruptures into the stomach, producing an ulcer. When not easily traced to pyemia or to some extragastric septic focus, phlegmonous ulceration of the stomach is most commonly due to iodine poisoning.

10. Specific ulcers of the stomach include those due to various exanthematous, granulomatous and neoplastic processes.

11. Traumatic ulcers may be due to external violence, penetrating or crushing, or to internal lesions by hard particles, foreign bodies, or gross parasites. The wounds thus inflicted may or may not persist so as to become true ulcers.

In conclusion, Dr. Benedict showed a stomach with a large kidney-shaped ulcer on the greater curvature, due to arteriosclerosis. The existence of the ulcer had been determined by hemorrhage about four months before death. The immediate cause of death was shock, due to perforation through the mesocolon and into the greater peritoneal cavity, the contents of the peritoneum having shown peptonising power postmortem. An-

other specimen was shown in which the clinical diagnosis of hour glass stomach had been made, by auscultatory percussion and x-ray shadow. The specimen verified this diagnosis so far as contour was concerned but a more careful, histologic examination would be necessary to determine whether there was a genuine hour glass division of the stomach or whether the constriction, through which the opening barely admitted a slate pencil, was at the pylorus, the lower cavity in that case being the dilated duodenum.

DISCUSSION.

The discussion was opened by Dr. Henry R. Hopkins, who said that the question is of the greatest obscurity. Accurate notions of gastric ulcer are difficult to attain, and in the majority of cases are reached only after autopsy. A few of the questions at present unsolved are: (1) is gastric ulcer increasing in frequency? (2) is it directly related to hyperacidity due to hydrochloric acid? (3) can it be accurately diagnosticated? (4) is there an acute form? (5) is it rare in the upper classes of society? The doctor thought that pathologic micro-organisms play a very large part in the causation of this disease, because certain infections,—tuberculosis, syphilis, endocarditis,—are likely to be associated with gastric ulcer. Dr. Hopkins referred to a case of a woman who died from gastric hemorrhage after confinement, probably caused by the strain of the labor. There is no disease in which the expectant treatment is so nearly a crime as in gastric ulcer.

Dr. Stockton would not agree with Dr. Benedict as to the importance of hemorrhage. We cannot make a positive diagnosis without hemorrhage, neither can we make a diagnosis because of hematemesis.

Dr. Dowd related the case of a woman in whom a mistaken diagnosis of gastric ulcer was made. She was hysterical.

Dr. Allen A. Jones emphasised the trophic nature of gastric ulcer. A part of the stomach may be so injured by trophic conditions as to allow peptic action to attack it.

In closing the discussion, Dr. Benedict said that he realised that in suggesting a different use of terms to that in vogue, he had invited criticisms, but that clinical experience was forcing the necessity of recognising the existence of other forms of solution of continuity of the gastric wall, than that commonly termed peptic ulcer. Certainly, it could not be true that the very class of persons in whom cerebral apoplexy and embolism, calcification, arteriosclerosis and similar lesions in general were rare,

should have organic vascular disease of the stomach. On the other hand, ulcers of the stomach are common, both ante- and postmortem, in which there is nothing to suggest the ordinary peptic ulcer. As to the bacterial cause of gastric ulcer, he had not undertaken to enter into the ultimate causation of ulcers in general, except so far as was necessary to the classification. In many cases, possibly in all, the toxemia due to bacteria might be the underlying cause of the loss of vitality of the cells, but this point had not been demonstrated and he was not prepared to accept it as a general theory. So, too, bacteria might participate in the destruction of necrotic areas, and they certainly did in the case of gangrenous and phlegmonous ulcerations. But, as to the pathogenesis of gastric ulcer in general and, especially, of the ordinary peptic ulcer, there was no question but that the actual excavation of the ulcer was due to peptic digestion. As to the connection between ulcer and hyperchlorhydria, the condition contraindicated the use of the tube for exact diagnostic purposes and the theory that hyperchlorhydria produces peptic ulcer is not supported by a sufficient number of quantitative examinations. In many instances, such conclusions have been based on very crude methods. On the contrary, we do know that ulcer sometimes develops in patients who have previously shown diminished hydrochloric acidity, and that hyperchlorhydrics usually fail to develop an ulcer.

Attendance at the meeting, 44. Adjournment at 10.35 p. m.

Section on Medicine, November 8, 1904.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

The regular meeting of the medical section was held in the Academy rooms, Public Library Building, Tuesday evening, November 8, 1904. In the absence of the chairman the meeting was called to order at 8.50 o'clock by the president of the Academy, Dr. Arthur W. Hurd. The minutes of the previous meeting were read and approved.

The paper of the evening was presented by Dr. W. Gilman Thompson, professor of medicine in the Cornell University Medical College, New York City, entitled,

PROBLEMS IN DIETETICS.

(Abstract.)

The paper discussed certain problems, such as the feeding of patients in whom a combination of diseases might appear to demand diametrically opposite systems of diet; the evils which may result from too long continued restriction in diet, such as

weakness and anemia; the diet of obscure nutritional disorders such, for example, as arthritis deformans; and the prophylactic diet of such diseases as gout and rheumatism.

The author advocated the early feeding of typhoid fever patients with semisolid food, in suitable cases—namely, very mild cases in general; those in which a low grade of fever persists for many days in spite of improvement in the condition of the tongue, the stools, the abdomen, and the mental symptoms; cases in which a rapid loss of weight with low temperature appears to be the most serious symptom, and in uncomplicated cases on the first day of normal temperature. Relapses, he said, are rarely, if ever, attributable to carefully regulated increase in the diet, but, on the contrary, such increase may better enable the patient to withstand a relapse.

In arthritis deformans the diet should resemble that of the early stages of phthisis, consisting largely of fats and animal foods, and effort should be directed toward maintenance of nutrition by every means, including forced feeding.

In chronic nephritis, especially when complicated by cardiac disease, too long continuance of a milk diet is liable to increase the anemia and weaken the heart muscle. It is better, therefore, in many cases to allow a moderate quantity of meat in the diet, with eggs, fish and other lighter forms of animal food. The patient's weight, strength and degree of anemia constitute safer guides for feeding than the urinalysis alone. When chronic nephritis is complicated by a diabetes which demands an opposite dietetic system, it should be determined which disease appears to threaten life the most, and then establish the proper regimen for that disease. For example, in a man past fifty years of age, a moderate glycosuria may be disregarded in the presence of the greater danger of a serious chronic nephritis, with a pulse of high tension and diminished proteid elimination. The amount of fluid ingested in chronic nephritis with anasarca should be regulated by the pulse tension and urine elimination. With too much fluid the heart may be overtaxed and arterial tension raised; whereas, with too little, there is danger of retention of the urinary waste products, and the plugging of the renal tubules with casts. Hence, in each case the quantity should be adapted from time to time to changing conditions.

In the dietetic treatment of diabetes the writer disregards entirely the use of gluten flours and breads, as being unreliable in composition and unsatisfying to the patient, whose natural craving for starches is not appeased by the innutritious gluten. Potatoes contain, bulk for bulk, less than one half as much starch as wheaten bread, and may often be allowed to the extent of a

couple of ounces a day; or one or two small slices of bread may be eaten twice a day. In any well developed case periods of total abstinence from starches and sugars should be made to alternate with their moderate allowance, as improvement in the urine and general symptoms ensues. If the patient continues to lose weight and forms sugar out of his own body proteids, large quantities of fat foods should be eaten, such as butter, cream, bone marrow, lard and suet used in cooking, olive oil, fat meats and fat fish, such as mackerel or salmon, and sardines soaked in oil.

Too rigid adherence to the so-called "antidiabetic diet" is often productive of more harm than good through starvation and anemia, and a better rule is to allow the moderate use of bread and potatoes as long as the patient appears to be in "nitrogenous equilibrium," that is, not consuming his own tissues and emaciating, and in all cases fat foods should be ingested in considerable quantity.

Lithemia demands a temporary vegetable and fruit diet, with large quantities of water, until proteid waste is thoroughly eliminated. Return to a diet of animal food should be made very gradually after ten days or a fortnight. Patients should be cautioned against overtaxing their nerve force through excessive exercise, and exercise should be definitely regulated, together with periods of rest, both before and after meals.

The influence of diet upon arteriosclerosis was discussed and, although it is admitted that mental and physical strain appear to be the chief etiological factors in many nontoxic cases, it also appears desirable in such cases to restrict the overeating of proteid food, and to regulate fluid ingestion in relation to arterial tension and the work of the heart.

In the treatment of goutiness between acute attacks of gout, of greater importance than the abandonment of occasional articles of food in a long dietetic list, are the following general principles: first, to reduce the consumption of food as a whole; second, to increase the consumption of water; third, to eliminate entirely sugars and sweets of every kind, as well as alcohol; and fourth, to reduce the consumption of red meats to a minimum.

The *ad interim* or prophylactic dietetic treatment of acute rheumatism is distinctly disappointing, and if this disease is an infection, as there are good grounds for believing, there is little reason for seeking aid in dieting, except in the milk diet of the acute attacks. A diet designed to prevent anemia and maintain a high standard of nutrition is the best preventive, and to this end animal food must be largely included.

Although the paper purposely omitted discussion of the dietetic treatment of diseases of the alimentary canal, the writer protested

against the common fallacy of drawing conclusions for dietetic rules from a single gastric analysis; for repeated analyses in the same case often show all variations from anacidity to hyperchlorhydria. The common test meal of a roll and glass of water is not sufficiently appetising to always excite gastric secretion; or, the latter may be inhibited by the dread of the passage of the stomach tube.

DISCUSSION.

Dr. Charles G. Stockton, in opening the discussion, said he had never heard so much common sense applied to a scientific subject as in this paper. Dr. Thompson's views express the results of scientific observation as well as clinical study. He was unable to endorse the views of the paper on the early feeding of solids in typhoid. His own experiences warn him to wait until the temperature has been normal for some time. As to nephritis, he agrees with the paper. The best diet in this case is that which is best for the liver. As is the primary digestion, so is the liver; as is the liver, so, usually, is the kidney. The paper is right in pointing out the unwisdom of using gluten breads in diabetes. If the patient can assimilate fats they are useful; but to a considerable class of diabetics the fats are toxic. If oxybutyric and diacetic acids are abundant in the urine it is best to drop fats from the dietary. The speaker agreed with the ideas of the paper on lithemia.

Dr. Frederick C. Busch said that there is a lack of experimental research in the metabolism of various diseased conditions. Such work, along the lines of some existing physiologic studies in metabolism, would be useful, but difficult to accomplish. The speaker had observed cases of typhoid fever in which purpuric or scorbutic symptoms appeared under a milk diet. Peptones and broths improved the condition. Recent researches, in Harvard University, with *x*-rays, indicate that when food passes the ileocecal valve there is an antiperistaltic wave; later on, the bowel contents are carried onward by peristalsis. Food introduced by rectum may be carried into the small intestine by the antiperistaltic wave; hence rectal feeding is unlikely to protect typhoid ulcers.

Dr. DeLancey Rochester, in reply to the last speaker, said that he never resorted to rectal feeding until the stomach refused to retain food. In typhoid he had often found the yolk of egg useful. Predigested milk with orange juice added is seldom refused by the patient. The speaker had made many gastric analyses in cases of arthritis deformans, and found that in dieting

this disease we must rely on the patient's ability to digest. In nephritis, when the fluid is not absorbed from the tissues and cavities, salt starvation is a useful treatment, as well as deprivation of fluids. Professor Chittenden's recent researches in nutrition, at Yale University, throw great light on the treatment of lithemia, showing that the chief point in treatment is the reduction of the total amount of food. Hard work is the chief factor in causation of arteriosclerosis; another important factor is the lack of excretion. The laboring classes, especially, neglect the skin; this predisposes to gout also. In treating mucous enteritis and enterocolitis we must recognise that the nervous system is chiefly at fault. We must exclude irritating foods from the diet and study the stools carefully.

Dr. Irving P. Lyon, referring to the statement in the paper that white meats are more easily digested than red meats, quoted the published researches of von Noorden, Frankfort-on-Main, which go to prove that the latter contain no higher percentage of extractives than the former.

Dr. Thompson, in closing the discussion, said that he had given his personal experience in the feeding of typhoid cases. In laying down rules for students to follow he would prefer to err on the side of safety and prescribe a milk diet until well into convalescence. The significance of oxybutyric and diacetic acids is a new subject, not sufficiently understood. If they are increased by fats we must reduce the fats in the diet. But we must be guided by the bedside experiences also. In a recent fatal case of diabetic coma at the Presbyterian Hospital, New York, there was no oxybutyric or acetic acid present. Green vegetables were purposely not alluded to in the paper. They are chiefly useful by adding variety to the diet, by preventing scurvy and like diseases by virtue of their organic acids and iron, and by combating constipation. Referring to Dr. Busch's remarks he said that he also had studied the mechanism of peristalsis experimentally, and he thought the results of *x*-ray study of this subject were not of clinical value. Clinically, we know that we can keep up life by rectal absorption. In reply to Dr. Lyon, the speaker said he was familiar with von Noorden's work. Our question, however, is not a laboratory question, but a question of what the patient can get out of certain kinds of food; bedside observations are more useful than laboratory analyses in such cases. As to the question of water drinking, suggested by Dr. Lyon, it is difficult to make rules. Most people drink too little water; hence the benefit of visiting spas.

Dr. Rochester moved a vote of thanks to Dr. Thompson for his exceedingly interesting and instructive paper. Carried.

The two other papers announced for this meeting were omitted by courtesy of the authors, who preferred to give place to Dr. Thompson.

Total attendance, 63. Meeting adjourned at 10.30 p. m.

PROGRESS IN MEDICAL SCIENCE.

Therapeutic Notes.

CONDUCTED BY NELSON W. WILSON, M. D., Buffalo, N. Y.

FOR COUGH IN CHILDREN.

At Roosevelt Hospital the following prescription is used with remarkably good results in the cough of children:

R	Ammonium chlorid	8.00	(℥ii.)
	Paregoric	15.00	(℥ss.)
	Syrup of squills	15.00	(℥ss.)
	Syrup of tolu, to make	120.00	(℥iv.)

Mix. Dose: One teaspoonful every 2 or 3 hours.

FOR LUMBAGO.

Solis-Cohen's internal treatment for lumbago is this prescription:

R	Salicylate of soda	15.00	[℥ss.]
	Iodide of potash	8.00	[℥ii.]
	Comp. syrup of sarsaparilla	30.00	[℥i.]
	Water, to make	90.00	[℥iii.]

Mix. Dose: Teaspoonful in water 3 times a day, after meals.

THE DIARRHEAS OF INFANCY.

Roach, writing in *American Medicine*, believes the treatment of diarrheas of infancy is still largely empirical, but is of the opinion that it can be determined whether the large or small intestine is affected. The best success is obtained if the treatment is given by mouth, when the small intestine is the seat of disease, and by rectum, when the large intestine is affected. He differentiates the group of cases with marked fermentation and little local lesion from the ileocolitis cases in which the lesions are more or less decidedly marked. No specific remedy or intestinal antiseptic

has been found to absolutely kill the organisms or neutralise their toxins. Clear the intestines of bacteria by laxatives, support the strength, combat nervous symptoms and hyperpyrexia are the chief indications. Of the drugs he recommends bismuth after the alimentary canal is free of all irritants:

R	Subnitrate of bismuth	8.00	[ʒii.]
	Salol	1.00	[gr. xvi.]
	Cinnamon water	8.00	[ʒii.]
	Water, to make	30.00	[ℨi.]

Mix. Dose: Teaspoonful in water every two hours. "Shake" label.

HORSE-NETTLE FOR EPILEPSY.

Dr. I. Brower, in the *Texas Courier-Record of Medicine*, suggests the following combination in epilepsy, though large doses of bromide cause, as a rule, a very troublesome acne. To prevent this, a small dose of arsenic in the form of Fowler's solution may be added:

R	Bromide of soda	40.00	[ʒx.]
	Ext. solanum carolinense	60.00	[ℨii.]
	Camphor water, to make	120.00	[ℨiv.]

Mix. Dose: Teaspoonful 3 times a day in water.

FOR A FAILING APPETITE.

The following is credited to Hemmeter as a spur to a flagging appetite:

R	Strychnine sulfate	.065	[gr.i.]
	Dilute hydrochloric acid	4.00	[ʒi.]
	Elixir of gentian	180.00	[ℨvi.]

Mix. Dose: Half an ounce in half a glass of water through a tube.

It is a good prescription, but one which is better and which achieved remarkable results as an appetite-whip and a general tonic, is this which was thoroughly tested during the convalescent period following the Spanish war:

R	Tr. nux vomica	20.00	[ʒv.]
	Comp. tr. gentian	50.00	[ʒxii ss.]
	Comp. tr. cinchona	50.00	[ʒxii ss.]

Mix. Dose: Teaspoonful in a little water half an hour before each meal.

The mixture is bitter, but not unpleasantly so. It will not be improved in taste by the addition of fluid extract of cascara, but in those cases where the latter drug is indicated it improves the prescription wonderfully.

ABSTRACT.

Urotropin, Methylene Citric Acid, and Urotropin Methylenecitrate (Helmitol or New-urotropin).

Prof. Arthur Nicolaier (*Deutsches Archiv f.klin. Medicin*, Vol. 81, 1904,) records his very exhaustive studies of these drugs. It is an established fact that urotropin, introduced by him nine years ago, is a most efficient remedy, the number of original papers thereon exceeding 200. This literature confirms all the assertions he made in 1895,—that urotropin in 7½-grain doses dissolved in one half pint of water, given twice or thrice daily, is harmless and therapeutically effective; that soon after its administration it appears unchanged in the urine; that the urine, without losing its acidity, acquires uric acid solvent properties and an inhibitory action on microörganic growth; and, further, that there is often a diuresis.

It is used with good effect in uric acid concretions and in gout. But the most brilliant results are seen in bacterial diseases of the urinary passages, in cystitis, pyelitis, pyelonephritis, and in posterior urethritis. It lessons the pain and dysuria, eliminates the pus from the excretion and, if it is ammoniacal, removes the alkalinity and restores its acid reaction. It is ineffective only in tuberculosis of the urinary tract; and even here it is occasionally useful to combat mixed infection. Urotropin is generally effective in a short time; not infrequently all symptoms disappear permanently or do so when the remedy is resumed and persisted in for prolonged periods. Its efficacy is not dependent on a special urinary reaction; it acts equally well whether the urine is acid, alkaline or neutral. The very first case which I recorded was one of a very severe cystitis with ammoniacal urine.

Urotropin is indicated in all urinary infections, in bacteriuria, especially that of typhoid fever, which occurs in about 25 per cent. of all typhoid cases, usually after the third or fourth week. Urotropin, 7½ grains t. i. d., generally removes it in a week. As a prophylactic before and after instrumentation large daily doses up to 60 grains, should be given. Of course this is too much for steady use. Lately it has been recommended as a preventive of nephritis in scarlatina and, finally, it is successful in certain cases of phosphaturia.

Occasionally there occurs a bacterial affection of the urinary tract of nontubercular nature in which we do not get the desired effect from urotropin. This is in no way due to the reaction of the urine; the recalcitrant cases may be acid, neutral or alkaline.

Attempts have been made to find a preparation which is effectual even in these cases. While the sedative effect of the drug on the inflamed mucose is undoubtedly an important factor, its therapeutic action is chiefly dependent on the formaldehyde separation that occurs, and hence the endeavor has been to find a combination from which even greater amounts of formaldehyde would be separated.

In 1901 I experimented with the methylenecitrate of urotropin, which has been introduced under the names of helmitol and new urotropin. My first tests were made with methylene citric acid alone. Animal experiments showed that after its ingestion no free or loosely combined formaldehyde is present in the urine, but that it did contain some albumin. In a healthy man one gram four times daily occasioned severe diarrhea, and in another four grams caused a papulovesicular eczema of the skin and cheek. Even with the latter dose, urines infested with microörganisms and kept at a temperature of 98.6° F. became turbid in two days from abundant bacterial growth. Methylene citric acid, therefore, is decidedly inferior to urotropin. The same objection holds good for the sodium salt of methylene citric acid, citarin.

As to the methylene citric acid salt of urotropin (helmitol), which contains 40.7 per cent. urotropin, the usual daily dose is 45 to 60 grains, corresponding in urotropin content to 22½ grains urotropin. Larger doses of helmitol give unpleasant by-effects, such as meteorism and diarrhea, as Heuss, Mueller, Seifert, Fisch, and von Zellenburg have reported; these are doubtless due to the contained methylene citric acid. Urotropin in doses of 7½ grains t. i. d., dissolved in a tumblerful of water, never causes such untoward actions. The use of large doses of helmitol for prolonged periods is impossible, because of dysuria, vesical burning and irritation. Bering has observed renal irritation (albuminuria); Goldberg states that, in contradistinction to urotropin, 45 to 60 grains daily caused hematuria in two out of ten cases.

Like urotropin, helmitol does not affect the acidity of the urine. Both drugs simply hinder the growth of the microörganisms of ammoniacal fermentation, and hence the normal acid reaction reappears. After the exhibition of sufficiently large doses of helmitol, free or loosely combined formaldehyde is present in the urine. Since this is not the case after the ingestion of methylene citric acid alone, the question is whether this effect is not due to the 40.7 per cent. urotropin which helmitol contains.

Mueller made some comparative tests of urotropin and helmitol, from which he concludes that the latter has a greater antibacterial power; but he made the fundamental error of sterlising

his urotropin and helmitol solutions by heat ere he added them to the nutrient media. I have shown that urotropin solutions split off formaldehyde when exposed to a high temperature; and this is far more so the case with helmitol solutions of equal strengths; for aqueous solutions of it react strongly acid, while those of urotropin are feebly alkaline. The helmitol solutions which Mueller added to the nutrient media contained 34 times as much formaldehyde as did the urotropin solutions; and this vitiates his experiments. Bruck made very extensive comparative investigations of the two drugs and concludes "that urotropin methylenecitrate (helmitol) is no more powerful than urotropin; its effect is dependent on the variety of bacteria and the amount of bacteria in the urine in exactly the same way; and that in very purulent urine it is decidedly weak." Clinical trials prove that in doses which are the coefficient of the usual urotropin doses, i. e., which are $2^1/_2$ times as great as the latter, helmitol is effective in exactly the same diseases in which urotropin is effective and is ineffective in exactly the same cases in which urotropin is ineffective.

To conclude: (1) both in bacteriological and in animal experiment as well as in clinical tests methylene citric acid proved to be absolutely inert and to cause certain untoward action; (2) urotropin methylene citrate (helmitol) has been shown, both bacteriologically and clinically, to be dependent for its therapeutic efficacy upon its urotropin contents; (3) by reason of the contained methylene citric acid, helmitol may cause unpleasant by-effects; (4) as the dose of helmitol is based on its urotropin contents of 40.7 per cent., the dosage is more than twice as great and consequently more than doubly as expensive.

SELECTIONS.

Cesarean Section for Placenta Previa.—Report of a Case.

By R. E. SKEEL, M. D., Cleveland, Ohio.

[*Cleveland Medical Journal*, November, 1904.]

THE case which I wish to report is that of Mrs. J. V., aged 36, whose first child was still-born prematurely but who has since that time had two children, the younger seven years of age. Her labors were not especially difficult, but after the birth of the last child she noticed some dragging pain in the right side and a decided prolapse of the uterus. I first saw her two years ago, at which time there was a freely movable right kidney.

marked enteroptosis, a retrodisplaced uterus which upon exertion or standing prolapsed to the level of the internal os, and an associated cystocele and rectocele. The cervix was deeply lacerated bilaterally and greatly hypertrophied and elongated. At this time curetage, Schroeder amputation of the cervix, anterior and posterior colporrhapy and ventrosuspension of the uterus were done, the posterior portion of the fundus being stitched to the abdominal wall with two fine silk sutures. Following these procedures the patient was in good health, and I saw her infrequently until December 6, 1903, when she reported that her last menstrual period was July 13, 1903. My notes at that time stated that the uterus extended nearly to the umbilicus, its superior surface seemed very thin, but that it was freely movable and with no apparent attachment to the abdominal wall. She was seen frequently but with no further examination until February 28, 1904, when the fundus was above the umbilicus, very broad and apparently depressed in the middle line superiorly. The head could not be palpated externally or bi-manually. The entire lower segment felt normal but the same thin condition of the upper segment was still apparent.

The cervix seemed normal but was markedly high up and displaced backward. On March 13, 1904, the patient had a very severe hemorrhage after she had arisen from bed and walked across the floor. I saw her soon after and found that while she was somewhat exsanguinated, the hemorrhage had been without perceptible influence upon her pulse-rate. The fetal heart which was plainly heard was normal in character and rate Examination showed a transverse presentation, the head to the left. The cervix was undilated, almost out of reach and displaced posteriorly nearly to the promontory of the sacrum. The cervix and vagina were snugly tamponed and the patient sent to the hospital. Here the tampon was removed and an effort was made to distinguish the extent of placental attachment over the cervix, but this was ineffectual owing to the location and rigidity of the cervix. The lower uterine segment was then tamponed and labor pains awaited. That evening conditions were entirely stationary and no pains had occurred. The next morning the cervix was somewhat softer and a Champetier de Ribes bag was introduced with difficulty and partially filled. As a result the cervix was about one-third dilated but no uterine contractions took place and the cervix still maintained its original length. Upon removal of the bag it was possible to feel the placenta over the entire circumference of the cervix and attached well above the internal os on all sides.

Withdrawal of the finger was followed by such profuse bleeding that the lower uterine segment was again hastily packed.

Taking into consideration that the child was still alive, the mother in fair condition, the cervix long and only partially dilated and reached with difficulty, Cesarean section was decided upon and performed at once with the delivery of a living child. Hemorrhage during delivery of the placenta was very free but was controlled by an assistant who compressed the broad ligaments until the uterus was sutured, when it ceased spontaneously. The mother made an uninterrupted recovery and the child is at present alive and thriving.

The condition of the uterine suspensory ligament was noted with considerable interest. It extended from the abdominal wall just above the pubes to the posterior surface of the fundus; was more than six inches in length and a finger's-breadth wide and was entirely wrapped in omentum. The only anomaly for which it seemed to be responsible was the approximation of the cervix to the sacrum, while the apparent thinning and depression of the fundus were due to the malpresentation of the fetus and absence of the placenta from its usual location.

Some Random Observations on Tuberculosis.

[*Medical Record*, October 29, 1904.]

A. A. Eshner presents a paper intended to emphasise the fact that tuberculosis is a transmissible disease, that it is a preventable disease, and that it is a curable disease. Strictly speaking, tuberculosis is not an inherited disease, and what is transmitted to the offspring is some vice of tissue, some aberration of function by reason of which a predisposition to tuberculosis is set up. Much is to be done in the safeguarding of children by proper attention to the cattle used as milk producers, and in restricting promiscuous expectoration and other means of spreading the disease. Typhoid fever and tuberculosis are sometimes difficult to differentiate, and they may also be concomitant, each disease sometimes occurring as a complication of the other. There is at times a close similarity between influenza and the symptoms of incipient tuberculosis or of exacerbations of the tuberculous process.

The prime indication in the treatment of a case of tuberculosis is the improvement of the general nutrition by whatever means possible. This will be met by an abundant supply of fresh air, good, assimilable, nutritious food, and a proper amount of exercise and rest. Two other requirements are essential in the management—namely, isolation and disinfection.

TOPICS OF PUBLIC INTEREST.

Unification Failure as Others See It.

[*Detroit Medical Journal*, November, 1904.]

THE long looked and hoped for union of the regular profession of New York State has been postponed for a year at least, because of the objection of a few members of the New York State Medical Association to the legality of the proposed union. This quibble looks from this distance like hair-splitting and it is much to be regretted that some way was not found to silence the dissenters to secure unanimous consent for the adoption of the new code of rules, regardless of any technical unconstitutionality, as in point of fact was done originally by the A. M. A. at the Saint Paul meeting and by many state societies since.

The Obstruction to Corporate Medical Reunion in New York.

[*Saint Louis Medical Review*, November 19, 1904.]

THE schism that has existed for so many years in the medical profession of the state of New York, and which, by an agreement between committees specially appointed for the purpose by the rival societies,—the ancient Society of the State of New York, and the more youthful and prosperous New York State Medical Association, the offspring of the American Medical Association,—seemed practically healed by granulation, has again broken down from undue tension at its weakest spot. The Onondaga County Medical Association objects to the healing process, and has taken advantage of a little inattention to "secundum artem" methods, to refuse to do its share of epidermal extension. So, for a while, at least, the sore must remain open. The *New York State Journal of Medicine*, the official organ of the association, appears to have thrown up the sponge grafts, and to consider further healing efforts useless, and appeals to all physicians in good standing to come into its fold, holding out to them the right hand of fellowship, and adds: "Let those who are jealous to preserve the more aged society belong to both. Preserve the other, if you will, by a meeting now and then,—though, for ourselves, we are not antiquarian (some of us)."

While all difficulties of principle in the way of members of the Medical Society of the State of New York becoming members also, if they wish, of the New York State Medical Association, have been removed by the action of the American Medical Association at Atlantic City, that would scarcely effect the issue

desired, viz.: the corporate reunion of the two bodies. A little patience will probably convince the Onondaga County Association, even yet, that for twelve members to oppose themselves to the healing process extending inwards from all sides, is a little suggestive of "proud flesh," needing surgical treatment.

Meanwhile, the preservation and extension of the "antiquarian" and historical spirit is just what some others of us, in growing numbers, believe to need extended cultivation in the interests of medicine and the profession.

The Japanese Medical Department.

[*The Medical Age*, November 10, 1904.]

In the gigantic struggle which is at present going on in the Far East nothing but praise is heard of the Japanese in their manner of conducting their army and medical department. Major L. L. Seaman, who has just returned from the seat of war, in an address delivered before the Association of Military Surgeons of the United States said: "The medical officer is omnipresent. You will find him in countless places where, in an American or British army, he has no place. He is as much at the front as in the rear. He is with the advanced scouts, with his microscope and chemicals, testing and labeling wells so the army to follow shall drink no contaminated water. When the scouts reach a town he immediately institutes a thorough examination of its sanitary conditions, and if contagion or infection is found he quarantines and places a guard around the dangerous district. Notices are posted so the approaching column is warned, and no soldiers are billeted where danger exists. Microscopic blood tests are made in all fever cases, and bacteriologic experts, fully equipped, form part of the staff of every divisional headquarters. The medical officer is also found in camp, lecturing the men on sanitation and the hundred and one details of personal hygiene,—how to cook, to eat, and when not to drink, to bathe, and even to the direction of the paring and cleansing of the fingernails to prevent danger from bacteria."

The State Medical Library.

[*Albany Medical Annals*, November, 1904.]

By invitation of the director the State Medical Library was placed at the service of the Medical Society of the County of Albany on the evening of October 11, and the semiannual meeting was held there. Mr. Melvil Dewey, the director, who intended to be present, was kept away by sickness, and in his

absence, Mr. Dunkin Van Rensselaer Johnston welcomed the society, and in a brief address presented clearly the purposes, claims and difficulties of the library. It is the good fortune of the *Annals* to publish Mr. Johnston's remarks in this issue, and the attention of its readers is urgently directed to what he said. It will be seen that organisation has been effected and a large number of books secured, under the wretchedly inadequate appropriation of thirty-two hundred dollars a year. It may be readily understood why the government should provide for its legislators and other officials a perfect law library, but it is somewhat difficult to comprehend why the medical department should have been so neglected. Accessibility of the best and latest literature should be easy to all physicians, and Mr. Johnston's hints may well be carried home to every practitioner. A united effort should be made by individuals and societies to impress upon the legislature proper recognition of their needs in respect to this library. Its availability and the facility of securing the use of books and periodicals have been announced regularly in the *Annals*, in a department established for its use during the present year and edited by Miss Bunnell, the medical librarian. Mr. Dewey's ideas have also been announced in a contribution published in the *Annals* of March, 1904, and in a letter to Dr. Boyd, the president of the society, he writes: "I wish you would say, if there is opportunity, to your associates, how keenly I am interested in this medical library and how earnestly I desire to help its development." Dr. Andrew S. Draper, state commissioner of education, the executive of all the departments controlled by the board of regents, addressed the society informally, expressed his interest in the medical library, and announced his desire to establish a "library on Capitol Hill second to none in this country." It should be understood that this library is not local, but is for the use of the physicians of the state of New York. In their efforts to develop it, the physicians of Albany act for the general good, and they should be heartily and energetically supported. The selection of the advisory committee consisting of Drs. Albert Vander Veer, Samuel B. Ward, Henry Hun, George E. Gorham and Arthur W. Elting, carries the assurance of a wise and discriminating use of whatever moneys are appropriated by the state.

The Medical Service of the Panama Canal Zone.

[*New York Medical Journal*, November 19, 1904.]

In its issue for November the *Journal of the Association of Military Surgeons of the United States* gives the following list of medical officers thus far assigned to duty in the zone, with their

annual salaries: Colonel William C. Gorgas, of the army, chief sanitary officer, $7,500; Medical Director John W. Ross, of the navy, director of hospitals, $7,000; Major Louis A. La Garde, of the army, superintendent of the canal hospital, $6,000; Surgeon Henry R. Carter, of the Public Health and Marine Hospital Service, chief quarantine officer, $5,750; Surgeon L. W. Spratling, of the navy, in charge of sanitary work, $5,250; Dr. A. B. Herrick, pathologist and clinician, $4,000; Captain A. N. Stark, of the army, physician, $3,600; Surgeon H. A. Stansfield, of the Public Health and Marine Hospital Service, in charge of the laboratory in Panama, $3,000; Mr. J. A. Le Prince, sanitary officer, $3,000; Lieutenant Theodore C. Lyster, of the army, executive officer, $2,400; Dr. Lewis Balch, health officer, $3,000; Dr. E. S. Wheeler, Dr. W. F. Smith, Dr. T. B. Wingo, and Dr. D. Lacroisade, assistant physicians, $2,400 each; and Dr. Lloyd Nolan, assistant physician, $1,500. Dr. J. C. Perry, Dr. C. C. Pierce, and Dr. F. W. Ames, all officers of the government services, have been appointed members of the medical staff, but their salaries have not yet been determined. It will be seen that this list includes the names of a number of well known sanitarians, some of them men of great distinction. Unless the salaries mentioned are additional to their regular pay as members of the government medical services, we think they are for the most part inadequate, for much responsibility will go along with their duties, and even their great abilities will be taxed in the work that they will have to perform under novel circumstances.

In the same number of the *Journal,* Medical Director Ross gives an interesting account of the sanitary resources of the zone, present and prospective. There is the Ancon Hospital, at the Panama end of the zone, with a capacity of about 500 beds. Its buildings are to be repaired and modernised, and a training school for nurses is to be established in connection with the hospital. In this hospital will be stationed those of the Sisters of the Order of Saint Vincent de Paul previously connected with it, with the Strangers' Hospital (lately absorbed by the Ancon), and with the Colon Hospital as may elect to remain in the isthmian service under the new order of things. The Colon Hospital, formed by the consolidation of the French Canal Company's hospital and that of the Panama Railroad Company, has a present capacity of 100 beds, which will at once be enlarged 50 per cent. Along the line of the canal there will be a number of emergency hospitals and dispensaries. Two of these hospitals have already been started, one at Culebra and one at Gorgona. They are of the capacity of eight beds each. Two new dispensaries, under Dr. J. P. Bates and Dr. H. T. Summergill respectively, are to be

established immediately. The municipal hospital of Panama, Santo Tomas, which is said to be defective in construction and heretofore wretchedly managed, is to be thoroughly put in order according to modern equipment methods. There is an ill conditioned leper colony on the outskirts of Panama. It is thought that within a short time a suitable and permanent institution for the care of lepers will be established. Heretofore the insane of Panama have been kept in the city prison, but lunatics are now cared for temporarily in buildings within the grounds of the Ancon Hospital, and preparations are in progress for the construction of a building large enough to accommodate the insane of both the zone and the Republic of Panama. There is a convalescent station, established by the French, on the salubrious island of Taboga, capable of accommodating about 150 patients. It is to be put into a suitable condition of repair without delay. It is easy to realise from these data that the work of our medical officers in the zone is to be of no trifling scope or extent. There will be ample opportunities for the display of their best efforts.

New York State Hospitals for the Insane.

An abstract of the reports of the lunacy commission for the last three years has been made, showing the progress in the care of the insane. This commission is a constitutional body, consisting of one democrat, one republican and one independent, appointed by the governor and confirmed by the senate.

The chief objects accomplished by the commission in lunacy may be summarised as follows:

1. The reorganisation of the pathological institute.
2. Provision for the addition of 5,147 beds to the capacity of the present hospitals.
3. The segregation of tuberculous insane, at first in solariums and tents at the various hospitals, and later by the construction of three tuberculosis hospitals for 100 each.
4. The securing of an appropriation for the construction of ten isolation pavilions for infectious diseases.
5. The passage of a law providing for emergency commitment of serious cases of insanity.
6. Large additions to the means of treatment in asylums, in the way of surgical operating rooms, hydrotherapeutic apparatus and numerous electrical, medical and surgical appliances.
7. The introduction of a system of careful registration of each patient restrained or isolated, which has resulted in a large diminution in restraint of patients by mechanical means, and the like, and in the reduction of the number kept in solitary seclusion.

8. Throwing open the 14 state hospitals to 30 clinical assistants, who have the same opportunities for study, and for giving the same benefits to these institutions, as the similar arrangement for medical internes in our general hospitals.

9. A marked increase in the number of alien insane deported, and improving the facilities for discovering and deporting them.

10. The adoption of a more satisfactory dietary and larger ration than that allowed under the Atwater system.

11. The appointment of a medical inspector for the more continuous supervision of the 33 private asylums of the state in which about 1,000 patients are cared for.

12. Numerous systematic improvements demanded in such private retreats, as did not approach the standard of care set by a general letter sent out by the commission to the private asylums in January, 1902.

13. The development of a definite policy in the matter of provision for care of the insane by the state, which should be applicable not only now but for future years.

14. The appointment of boards of consulting specialists at a number of state hospitals, located sufficiently near to cities, resulting in great benefits to the institutions concerned.

15. The establishment of a summer colony on the lake shore for convalescent and curable patients, in connection with the Rochester State Hospital.

16. The establishment, now assured by the legislative authorities, of a colony for the insane in the Champlain region on the same principle as the Craig Colony for Epileptics, and of a psychopathic hospital in the city of New York.

A new pathological laboratory has been established in connection with the hospital on Ward's Island, where original work is going on in various departments of medical science, relating to psychiatry, and in addition to this, a majority of all the physicians of the fourteen state hospitals have been brought down to Ward's Island to receive instructions in modern science as relating to psychology, pathology and the treatment of insanity.

Particular insistence has been paid to the careful study of the clinical side of the patients admitted to the state hospitals. The histories of the patients now taken, not only present a clear picture of the mental condition of the patients, but record so completely every physical abnormality, that they are becoming a treasurehouse of important data for reference.

The practice of having regular staff meetings of the medical men once or twice weekly in each hospital, for the discussion of the conditions of the patients and for the presentation of new and interesting data in the domain of medicine, has been fostered. To this end, the commission has been liberal in the allowance of

medical books and periodicals of all languages, in the purchase of instruments of precision, and in the establishment of well-equipped laboratories, surgical operating rooms, and departments of therapy and hydrotherapy.

The adoption of a definite policy for the further evolution of the state system of caring for the insane has been accomplished. The rapid growth of the state in population, and the constant influx of alien and nonresident insane, together with the normal accumulation of insane dependents, must inevitably lead to a greater demand for a period of years at least for increased accommodations for the insane. There are now about 25,000 insane in the state and 5,147 new beds have been added during the past two or three years.

The medical service has been improved by greater care in the selection of medical officers; and within a short time some new regulations will have been agreed upon with the civil service commission, which will enable the hospitals to secure a larger supply and better quality of medical assistants, and all of these men will have an opportunity to study in a special school of psychiatry connected with the pathological institute.

It is a pleasure to record as above the progress and development of the state's care of the insane during the past three years.

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The Validity of an Agreement Not to Practise in a Given Locality.

[*Medicine*, November, 1904.]

A PHYSICIAN of Atlantic City (*Medical Record*, Aug. 20, 1904,) has filed a bill in chancery to show cause why another physician should not be enjoined from further practice of medicine in that city. The bill sets forth that the complainant has been practising medicine in Atlantic City for more than twenty-five years, and

that during the last fifteen years he has required the services of an assistant. During these fifteen years he has had numerous assistants, and he states that it was his invariable custom to require them to sign an agreement by the terms of which they deprived themselves of the right to practise medicine in Atlantic City after severing their connection with him. In March, 1901, he employed an assistant, making the same agreement with him. This assistant is now practising independently in violation of the agreement, and an injunction is asked to enforce the terms of the contract.

The outcome of this suit is worth watching. If it should be established that such a contract is valid it would do much to place the relation of principal and assistant upon a secure foundation, to the obvious advantage of both. Many practitioners would be glad to have an assistant, but they do not relish the possibility of having him ingratiate himself among his patients and then settle down in the immediate neighborhood and begin active competition. Practically all of our recent graduates, especially those without hospital training, would be greatly benefited by serving for a number of years as assistant to an older practitioner. In that way they would gain experience and that practical insight into their duties which the medical school and hospital training can only in part afford. Legal security that would protect the practitioner against unfair competition later would beget confidence in this relation and lead to its far more frequent employment. An assistant would often enable a practitioner in the less busy season of the year to obtain a vacation, to attend medical societies, or follow postgraduate study.

While not attempting to pass on the merits of the particular case cited, many advantages would grow out of such contracts if they are held to be equitable.

The Spleen Not a Physiologic Necessity.

As to the very important part which many physiologists attach to the spleen, Dr. J. Henry Carstens, of Detroit, Mich., in speaking before the Mississippi Valley Medical Association recently said that he had extirpated the spleen in two men. In both cases there was great debility and emaciation, and the operation disclosed sarcoma and was followed by complete recovery. In one case the patient gained ninety-six pounds in weight in the fifteen months following his discharge from the hospital. This would indicate that the spleen is not such an absolute necessity after all. Dr. Carstens's experience coincides with that of several other surgeons.—*Southern Cal. Practitioner*, November, 1904.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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American Medical Association at Portland.

IT HAS been announced already that the American Medical Association will meet at Portland, Oregon, July 11-14, 1905. For the third time in its history the association has sought the Pacific coast region to hold its annual meeting, first, in 1876; second, in 1894, each time in San Francisco; and now for the third excursion to the Occident Portland is selected as the city of the convention.

In order to bring the officers of the sections into closer touch, the president-elect, Dr. Lewis S. McMurtry, of Louisville, called them in conference at the new Hotel Astor, New York, on Monday evening, November 14, 1904. Around a dinner table of faultless service were gathered representatives from Atlanta, Baltimore, Boston, Chicago, Louisville, Philadelphia, New York, and other cities, who discussed the various problems relating to the scientific and business interests of the association, with a particular view to ensure the success of the meeting at Portland.

Dr. George H. Simmons, the indefatigable secretary and the editor of the association journal, presented in considerable detail the duties of the officers of sections under the present by-laws and regulations, and gave interesting information concerning pending negotiations for transportation. After he had concluded, many questions were propounded by the section officers, all of which received prompt answer, and when the last word had been said by the secretary, the impression was very distinctly left that he understood the duties of his office and was performing them with conscientious and conservative regard for the interests of every member of the association.

In the course of the conference it was developed that many of the sections already had made considerable progress in the preparation of their programs, while all were well under way

and will be easily completed before needed by the printer. One of the rules of the association, and an excellent one, is that no paper shall be placed upon the program, the author of which does not furnish an abstract. If this were the regulation in all state and national medical societies it would be well. How can an author expect a good discussion unless an advance publication of an abstract of his paper is made? No man can make a proper abstract of a paper, except the writer of it. He knows its shuck and kernel, and he only can separate them adequately for mental digestion and assimilation.

It transpired at this conference that transportation lines are manifesting already a disposition to grant liberal rates across the continent. It seems quite probable from present indications that not more than one fare for the round trip will be demanded, and possibly a rate a trifle less than that will be agreed upon. Furthermore, all who pay the rate will be granted the privilege to go by one route and return by another, and in addition liberal stopover facilities will be conceded. This will enable tourists to visit all important localities west of the Rocky Mountains.

Dr. Joseph D. Bryant, chairman of the committee on national incorporation of the association, by invitation of the president, entertained the guests with an interesting account of the progress making by his committee, from which it appeared that ultimate success is not far distant.

The sum total accomplished at this meeting was all that could be desired and the value of such conferences cannot be overestimated. It enables the officers to understand each other and to establish harmonious relations long before they meet for scientific work at the convention. Thus they methodise and concentrate energy, forging from heterogeneous elements a compact instrument that accomplishes a result not otherwise to be obtained. That the Portland meeting will be a success seems already assured.

According to a Saint Louis despatch to *The Tribune* of November 24, 1904, a specialist in the World's Fair city removed a grain of rice from the ear of a New York bride, who had suffered untold tortures for several days, because of the presence of this foreign body. It was the untoward result of showers of rice thrown at the young couple as they departed on their wedding journey, one grain of which made lodgment in the young woman's ear. At Niagara Falls next day the trouble began, the swelling of the rice in the canal causing intense pain, and finally at Saint Louis the bride of three days fainted. Though the cause is removed, the effects are yet serious. It is not impossible for such a condi-

tion to result in permanent deafness in the ear involved. This incident,—this grave accident,—should prove a warning to young people to cease the barbarous practice, not only of rice throwing, but of other equally abominable customs at weddings.

Calox, the new dentifrice mentioned in these columns last May, has already taken its place in the foreground of preparations intended for cleansing the mouth and the preservation of the teeth. It is chemically perfect, scientifically accurate, and hygienically absolute. No refined person having once used it, will consent to be without it. Every physician and dentist of repute or standing once familiar with it will recommend it to their patients. It represents the most decided advance in mouth hygiene and tooth preservation that has been made within recent years.

A movement has been started throughout the lower east side of New York city to educate the people up to the point of keeping the streets clean.

At the university settlement it is said all the Jewish rabbis will be asked to address their congregations on the subject, while at the same time the principals and teachers in the public schools will proceed along the same lines by delivering short talks on the hygienic benefits of having clean streets, and by appealing to the pupils in their schools to teach their parents how to keep the streets free from dirt.

PERSONAL.

Dr. Lawrence Hendee, of Buffalo, has returned from a year's study in Germany, and has begun practice in this city; his office being at 523 Franklin street. Hours: 8 to 9.30 and 1.30 to 3. Telephone, Tupper 1340-Y.

Dr. William Japp Sinclair, professor of obstetrics and gynecology in Victoria University, Manchester, was the recipient of the honor of knighthood, conferred by King Edward upon his recent birthday. The honor was given on account of valuable national services in medical science. Professor Sinclair is a brother of Angus Sinclair, publisher of *The Automobile Magazine* and other journals of New York, and a prominent member of the Automobile Club of America. Sir William is an Honorary Fellow of the American Association of Obstetricians and Gyne-

cologists. He is a frequent visitor to American shores where he is always welcome.

Dr. W. S. Renner, of Buffalo, attended the dinner given by New York laryngologists to Sir Felix Semon at Delmonico's, Tuesday evening, November 1, 1904. More than one hundred covers were laid and the participants included members of the section on laryngology of the New York Academy of Medicine and of the American Laryngological Association, as well as a few specially invited guests.

Dr. Frederick H. Millener, of Buffalo, has removed his office from 724 Main street to 139 North Pearl street. His hours remain unchanged.

Dr. W. E. Dignen, of Buffalo, announces the removal of his office from 544 to 490 Plymouth avenue, corner of Massachusetts and Plymouth avenues. Hours: 8 to 10 a. m., 1 to 3 and 7 to 8 p. m. Both telephones.

Dr. Frederick J. Barrett, of Buffalo, has opened an office at 305 Pearl, corner of Mohawk street, where he will limit his practice to the treatment of diseases of the eye and ear. Hours: 9 to 1 and 4 to 5 p. m. Sundays by appointment. Residence: 290 Breckenridge street. Hours: 7 p. m., and by appointment.

Dr. Arthur R. Bradbury, U. of B. 1892, lately of Grand Island, has reëstablished himself in the practice of medicine at Buffalo. His office and residence are at 142 Ontario street. He was for several years house surgeon at the Fitch Accident Hospital.

Drs. F. W. and James T. Jelks, of Hot Springs, Ark., announce their removal to offices in the Dugan-Stuart Building, opposite the Arlington Hotel. New telephone, 512.

OBITUARY.

Dr. Eugene Edward Martin, of Buffalo, died at his home, 753 Michigan street, November 23, 1904, aged 37 years. Dr. Martin graduated at Niagara University in 1888, since which time he has been engaged in the practice of medicine in this city.

Dr. Mordecai Price, of Philadelphia, died suddenly at his home in that city, October 29, 1904, aged 60 years. A more extended notice of this eminent surgeon will appear in a subsequent issue of the Journal.

Dr. Josiah H. Helmer, a graduate of Albany Medical College (1847), died at Theresa, N. Y., August 20, 1904, aged 83 years. Dr. Helmer was for many years a resident of Lockport, where first he practised his profession and later engaged in banking. His latter years, after retirement from business, were passed at Theresa, where he died.

SOCIETY MEETINGS.

The Southern Surgical and Gynecological Association will hold its seventeenth annual meeting at the Hotel Hillman, Birmingham, Ala., December 13-15, 1904, under the following mentioned administration: president, Floyd W. McRae, Atlanta; vice-presidents, George S. Brown, Birmingham; J. Shelton Horsley, Richmond; secretary, W. D. Haggard, Nashville; treasurer, Charles M. Rosser, Dallas; council, George Ben Johnston, Richmond; L. McLane Tiffany, Baltimore; Lewis S. McMurtry, Louisville; J. Wesley Bovée, Washington City; Richard Douglas, Nashville; chairman committee of arrangements, John D. S. Davis, Birmingham.

At this meeting the monument erected to the memory of Dr. William E. B. Davis will be unveiled with ceremonies as follows: address of presentation, Dr. C. M. Rosser, Dallas, Texas; address of acceptance on behalf of state of Alabama, Governor R. M. Cunningham, M.D.; address of acceptance on behalf of the city of Birmingham, Hon. W. M. Drennan.

A list of thirty-six papers appears on the preliminary program, which cover interesting topics in surgery and gynecology.

The Pan-American Medical Congress will be held at Panama, January 2-6, 1905. Dr. Rudolph Matas, secretary of section of general surgery for the United States, asks those who wish to contribute papers to send title to him at No. 2255 Saint Charles avenue, New Orleans. He also announces that the United Fruit Company's agents are offering as a special inducement to American "congresistas" a reduction of the regular fare for the round-

trip from New Orleans to the Isthmus to $50.00, that is, $25.00 each way. The steamers leave New Orleans every Friday: the last steamer to leave New Orleans in time for the opening of the congress will sail on December 30, 1904, at 11 a. m. It takes about four and one-half days to reach Colon and seven days on the return trip on account of a stopover at Port Limon, where ample opportunity is given to tourists to visit San Jose, the beautiful capital of Costa Rica,—"the Paris of central America,"—where the most picturesque tropical scenery can be seen at this season, under the most favorable conditions.

The Harvard Medical Society of New York held a meeting in Hosack Hall, New York Academy of Medicine, November 26, 1904, at 8.30 p. m. An address by Professor Theobald Smith, of Harvard University, upon "The place of research in the university medical school," was the feature of the session. The president is Augustus S. Knight, and the secretary is J. Hilton Waterman, 50 West Fifty-first street, New York, formerly of Buffalo.

The Buffalo Academy of Medicine held meetings during the month of November as follows:

Section on Surgery.—Tuesday evening, November 1. Program: Classic art in medicine and surgery; illustrated by stereopticon, Roswell Park.

Section on Medicine.—Tuesday (Election) evening, November 8. Program: (a) Problems in dietetics, W. Gilman Thompson, professor of medicine in the Cornell University Medical College, New York city; discussion opened by Charles G. Stockton and Frederick C. Busch; (b) The value of certain procedures in the treatment of pneumonia and its complications, De Lancey Rochester; (c) The diagnosis of kidney function, Harvey R. Gaylord.

Section on Pathology.—Tuesday evening, November 15. Program: (a) A case of myeloma; (b) Demonstration of an unusual blood specimen of malaria, Charles Bentz; specimens will be presented by H. U. Williams, Eugene A. Smith and Marshall Clinton.

Section on Obstetrics and Gynecology.—Tuesday evening, November 22. Program: Alexander's operation; its immediate and remote results, James E. King; discussion by H. E. Hayd and S. Y. Howell.

COLLEGE AND HOSPITAL NOTES.

The University of Buffalo, with a view to the ultimate formation of a department of liberal arts, has arranged for a series of lectures, by accomplished scholars, to be given under the auspices of the university. These courses are for instruction and not for entertainment. They are primarily planned for the benefit of teachers and students, who, it is believed, will welcome such an opportunity for self-culture and training.

The lectures will be given in the new and commodious classrooms on the fourth floor of the Y. M. C. A. Building, corner of Mohawk and Genesee streets. The association is heartily in sympathy with the university and has courteously offered the use of its rooms for this purpose. Detailed information regarding the work may be had by addressing Lecture-study Department, University of Buffalo, Y. M. C. A. Building, Buffalo, N. Y.

The New York Post-Graduate Hospital and Medical School recently became the recipient of a generous gift from an unknown source, which has enabled it to open an annex to its dispensary for the treatment of pulmonary tuberculosis. Gratified at the way his friend had been cured of incipient tuberculosis at the dispensary, the anonymous giver has leased a boarding house at No. 322 East Nineteenth street, and at a cost of several thousand dollars overhauled, refitted and completely converted it, and has also promised $6,000 yearly for its maintenance for a certain term of years. The annex has twelve beds, and for the first time in the history of the hospital and medical school, poor patients in the advanced stages of pulmonary tuberculosis will be able to receive constant individual treatment and attention until the crisis of their cases shall be past.

As indicating what may be done under systematic management, an independent board of physicians has already decided that out of some hundred and fifty cases of pulmonary tuberculosis in its incipient stages, treated at the dispensary in six or seven years, more than forty have resulted in complete recoveries. Surely, this anonymous friend of the post-graduate tuberculosis annex has performed a philanthropic act that puts all of Mr. Carnegie's library gifts far in the shade!!

The Hackley Hospital, Muskegon, Mich., was dedicated November 17, 1904. Mr. Charles H. Hackley made a gift to it of $220,000, having already endowed the institution with $100,000 in 6 per cent. bonds, and also donated $40,000 for the establishment of four free beds.

BOOK REVIEWS.

A Textbook of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy, and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. (Per volume: cloth, $5.00 net; sheep or half morocco, $6.00 net.)

The second volume of this work maintains the high standard which characterised volume one. The authors of the several articles have been wisely made responsible for their statements by the editors. This is of importance in medico-legal works, as the author and not the editor is the one who is quoted. In the article on legitimacy, by J. F. Darling and Goldwater, we find many interesting facts which will make an expert cautious when delivering an opinion as to paternity. Thus Hirst is quoted as having a record of a boy of 13, who became a father, and two authentic instances of paternity at 82, and over 100 years respectively. The period of maternity is stated to be between the ages of 8 and 55. In this connection it must be remembered that Fordyce Barker declared "that the laws of physiology, the experience of mankind and the decisions of the courts of law, justify a medical man in declaring that a woman over 55 years of age is past the period of childbearing."

As the subject of prolonged pregnancy receives careful attention, the tables of Merriman and Montgomery are quoted, showing that pregnancy has been prolonged to 302 days.

Impotence and sterility, rape and unnatural sexual offences are interestingly and thoroughly discussed by Charles Gilbert Chaddock. The article on malpractice is of especial importance to all physicians. The contributor, Marshall D. Ewell, a professor of medical jurisprudence in Chicago, has laid down with rare skill the various rules held in different cases in civil and criminal malpractice.

Carlos F. MacDonald has arranged alphabetically the laws relating to the insane. This is a digest of the statutes of all states and territories and of the District of Columbia. This article completes Part I.

Part II. is devoted to toxicology and all other divisions of legal medicine in which laboratory investigation is an essential feature.

Poisons are divided by the editor, W. S. Haines, into inorganic, alkaloidal, nonalkaloidal, organic, gaseous and, lastly, food poisons. The diagnosis of poisoning, the treatment of the same, and the method of conducting a postmortem in a poison case are all carefully described. The chemical analysis by different meth-

ods and their relative values are clearly set forth. The post-mortem changes of tissues are shown by beautifully colored plates.

The chemical articles are contributed by Haines, Holland, Prescott, Reid Hunt, Walter Jones, Doremus, and Harrington.

Victor Vaughan in the article on ptomains calls special attention to the difficulties of separating vegetable alkaloids from putrefactive bodies. Among all the schemes presented for this purpose he says, "that devised by Kippenberger is the only one worthy of mention." Vaughan says further of this method from his own experience, that it does not wholly solve the difficulties of separating morphine from putrefactive bodies that respond to some of the morphine tests.

The examination of blood and blood stains by Edward S. Wood, professor of chemistry in the Harvard Medical School, ends with the following conclusions: (1) "The majority of hematologists agree that discrimination can often be made in the case of dried blood stains between human blood and that of domestic animals; (2) the serum test is the most delicate one thus far discovered for differentiating between the different kinds of blood and has been shown to be applicable to both fresh and decomposed blood and to dried blood stains."

The two volumes are ably edited and cannot fail to be of great value to all physicians who have any medico-legal work. We cordially recommend it as one of the most useful textbooks on legal medicine. The work of the publishers leaves nothing to be desired. J. W. P.

Clinical Urinology. By Alfred C. Croftan, Professor of Medicine, Chicago Post-Graduate Medical College and Hospital. Octavo, pp. 314. Illustrated. New York: William Wood & Company. 1904. (Price, $2.50 net.)

Sometimes a publisher is wise enough and sufficiently far-sighted to see the benefit of taking the middle of the road when the way is pointed out by a man with new ideas. This is what Wood & Company have done in the case of Croftan's book just issued.

There have been handbooks and laboratory guides and treatises and what-not on the analysis of urine; there have been highly polished and sometimes well-written books on the diseases which produce urinary disorders. This book is neither one nor the other, and in a preface which is both modest and brief, and hence refreshing, Croftan makes this point clear, and establishes his book on "the borderline that lies between the laboratory and the clinic."

An author may be a pioneer in a certain field, yet if he lack the boldness which marks the true leader, if he has not the courage to disdain hide-bound tradition and perfunctory precedent, he but faintly marks a foot path for some more courageous spirit to follow and blaze the open trail.

It was more than an ordinary task, the writing of this book, and it may be that this fact will not be immediately appreciated; but eventually it will be looked upon as the first guiding light into a new field. The present day knowledge of clinical urinology and urinary pathology is sadly incomplete. Far less advancement has been made in this than in most other branches of medicine; but that a turn in the right direction has been taken and that rapid progress is being made is evidenced by the completeness, the novelty and the refreshing originality of Croftan's book, which is not alone a well-written work on the subject, but is just the bold, aggressive idol-smasher one might expect from a Chicago author; one who knows how to express himself clearly and possesses Lydston's Chicagoesque knack of carelessly tossing aside hoary and time-riddled fads and fancies which have been tolerated too long, and tolerated chiefly because we humans have been brought up to respect age in whatever form we meet it.

The chemic ingredients of the urine are grouped according to their chemic relationship, and the factors determining their excretion in normal and pathologic conditions are discussed broadly and without so much as "by-your-leave" to any tradition or former arrangement.

The author evidently, and very properly it seems, leans to the belief that too little attention has been paid in the past to the inorganic constituents of the urine, for he devotes considerable space to what he terms "these cinders of metabolism."

The chapter on the determination of renal function is particularly clear and of immense value, as is the chapter on sediments in which particular stress is laid on their origin.

Finally, it will come as something akin to shock to many to miss Ehrlich's diaze-reaction, together with several other things in the way of urinary frills, such as the fluctuating ratio between urea and uric acid; the phosphates and urea and total nitrogen. All these and several lesser lights emanating from French authors have stared us out of countenance from nearly every textbook too long. Urologists who are abreast of the times have long since discarded these fancies as being unimportant, unreliable and wholly lacking a basis of scientific fact. Croftan, however, is the first writer to publicly ignore these paste jewels of urinology.

N. W. W.

The Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A.M., M.D., President of the American Gynecological Society; Professor of Gynecology, Northwestern University Medical School, Chicago. Fourth Edition. Octavo, pp. 771. With 419 illustrations in colors and monochrome, of which 18 are full-page plates. Philadelphia and New York: Lea Brothers & Company, 1904. (Price: cloth, $5.00; leather, $6.00; half morocco, $6.50 net.)

When the first edition of this admirable treatise was sent out it commanded attention immediately, and very soon won the

favor of teachers, practitioners and students; so much so, indeed, that without disparagement to others, it may be termed with great propriety the leading American textbook on gynecology. But if this is to be said of the book as the sum of its first three editions, what is there left for remark regarding this—the fourth?

Briefly summarised, it has undergone a thorough revision which has served to incorporate all that is new of value in the text. This has rendered it necessary to rewrite many chapters, to rearrange others, and to reduce still others, until now the volume is as nearly an exponent of the gynecology of the present day, as it is possible for language to express in print. We are fully justified in accentuating this point, because the author is a master of correct English, including compactness of style and forcefulness of expression.

We need not take up this book in detail for it is already familiar to every gynecologist, as regards its general plan and its methods of dealing with the various topics, but we were impressed when it first appeared with the practical, scientific and systematic way in which the author dealt with the subject of gynecologic diagnosis. And now, with the additions and revisions that appear in this edition, we are more than ever of the opinion that it is the best delineation of this topic that has yet been published in a textbook. It is so important to acquire the habit of diagnostic precision as well as to attain diagnostic acumen, that it will repay the student and junior physician to study Dudley's methods most diligently, if they would become proficient in gynecological work.

There is another one of the many excellent features of this work, to which we would invite special attention—namely, the wealth of illustration that adorns its pages. The author has made technical study of the art of illustration, being possessed himself of an artistic eye, hence has been able to develop the greatest perfection in the pictorial presentation of gynecological art. More than three hundred new pictures have been added to this edition, all from drawings made specially for this purpose; indeed, we may congratulate the author on eliminating all borrowed illustrations, so that now every picture in the book is distinctly original. This gives the treatise a personality that does not belong to any other similar one and, besides, increases its value as a teaching medium.

The most important feature of the illustrations, and this is one in which the author takes special pride, is that all minor and major operations and procedures are shown in their several steps, beginning oftentimes with the initial cut and continuing through the several stages, until the last stitch is tied. For example, there are thirty-two drawings in explanation of perineal lacerations and the methods of their repair, while the various steps of hysteromyomectomy are described most graphically by twelve drawings.

The author of this work is regarded,—very properly so, too,—as one of the leading gynecologists of the day, and being con-

genitally possessed, withal, of an inquiring mind, it is not strange that he should have constructed a book without a rival as a guide in the lecture room and in the clinic.

Transactions of the Medical Society of the State of New York, Ninety-Eighth Annual Session, held at Albany, January 26, 27, 28, 1904. Frederic C. Curtis, M.D., Secretary. Published by the Society. 1904.

The annual meeting which this book records ever will be distinguished by the fact that it placed its unanimous approval upon the report of the committee of conference which, for two years previously, had been engaged in an effort to unite the Medical Society of the State of New York and the New York State Medical Association. It is a significant fact that notwithstanding differences of opinion not only as to details, but also in the minds of some as to expediency, these were all harmonised and the report was unanimously confirmed, not only by the state medical society, but by all the county medical societies in affiliation with it. That there is failure to bring about union is regrettable; but it is a subject of congratulation that such failure was not due to any action of the Medical Society of the State of New York nor to that of any of its affiliating county societies, nor, again, to any member of either, acting in his individual capacity. All of the responsibility for this failure of union therefore must rest with the New York State Medical Association and its affiliated county organisations.

This volume is replete with excellent papers, one of which is by Dr. Arthur Twining Hadley, president of Yale University, entitled, The conflicting claims of general education and professional education. The president of the society, Dr. Algernon T. Bristow, chose as the subject of his anniversary address, The present status of the medical expert. A symposium on diabetes brought out as participants Richard M. Pearce, David L. Edsall, William H. Thompson, Frederic C. Shattuck and Heinrich Stern. A symposium on nephritis was participated in by Francis Delafield, Joshua M. Van Cott and Beverly Robinson. A symposium on abdominal pain was presented by John H. Musser and Frederick Holme Wiggin. A symposium on typhoid fever brought together as participants Henry A. Fairbairn, Henry L. Elsner, Egbert Le Fevre, Luzerne Coville and Cyrus W. Field. Finally, a Röntgen ray symposium included as participants Arthur Dean Bevan, Charles Lester Leonard, William B. Coley and Hon. W. W. Goodrich.

The official stenographer, Dr. Ogden C. Ludlow, of New York, died before his minutes were fully transcribed, hence the discussions are considerably curtailed.

In the minutes of the proceedings are to be found the usual reports of committees and officers, among which is that of the State Board of Medical Examiners. It is difficult to understand

why this board, the most important creation of the society, should be compelled each year to present its report in abstract. The excuse is always that there is lack of space, and also there is manifested an indisposition to incur the necessary expense. Neither of these reasons would seem to comport with the dignity of this great society which has done so much to advance medical educational in this country, and which should not hesitate to spread the results annually before the country.

THE SURGERY OF THE HEART AND LUNGS. By BENJAMIN MERRILL RICKETTS, Ph.B., M.D., Cincinnati. Octavo, pp. 526. Illustrated. New York: The Grafton Press. 1904.

The author of this work has presented subjects of growing interest to all surgeons. It is scarcely ten years since it was deemed possible to attack the heart for the relief of penetrating wounds; pulmonary surgery, however, has had a longer career, and yet only lately has it become of recognised value. We have been impressed with the painstaking character of the work performed by the author in preparing this book. It has involved strenuous labor and will live as a pioneer treatise of inestimable value on the subjects of which it treats.

The anatomy of the heart, as given by Ricketts, is highly interesting and, withal, is one of the most complete studies of the structure of the organ we have seen. The researches in comparative anatomy deserve special mention, as also does the section on the mechanics of the heart-beat. This entire chapter could be studied with profit by every student of anatomy.

Gunshot, lacerated, and incised wounds of the heart, though not common, are of such comparative frequent occurrence as to make interesting studies relating to their surgical repair. A number of cases have been reported in which suture of the heart has been followed by recovery, reference to these being made in this book. In 1871, Callender removed a needle from the heart, which is the first recorded instance of an attempt at surgical relief for heart injury. In 1877, Roswell Park, in attempting to relieve pericardial effusion by aspiration, by accident thrust the needle into a myocardial abscess, and in this manner removed several ounces of pus, thereby affording the patient temporary relief,—probably the first instance in which surgical aid was involved for disease of the heart structures.

The surgery of the lungs, though antedating that of the heart is, nevertheless, of absorbing interest, and the literature contains many instances of surgical cure of injuries and diseases of the lower respiratory tract. Ricketts has collected much of historical interest on the surgery of the lungs. The removal of foreign bodies from the lung or bronchial tubes is frequently done, and lung surgery for disease is more common than for traumatism.

The illustrations are an interesting feature of this work, and very properly begin with a frontispiece of the heart and lungs of

a dog in situ. The anterior view of the heart from Deaver's surgical anatomy is a beautifully executed plate, and makes an appropriate beginning to the section on the heart. It is a work that will be found of great use to the surgical profession, and many physicians who do not practise surgery will be interested in its valuable contents.

We could wish the author had found occasion to use diphthongs with less freedom, thus making the text conform to more modern usages: for example, "sæptum" is an archaism that offends the eye in the extreme.

Transactions of the American Association of Obstetricians and Gynecologists. William Warren Potter, M.D., Secretary. Volume XVI. For the year 1903. New York: Rooney & Otten Company, Printers.

Whoever will undertake the examination of this book cannot fail to be impressed with the conscientious nature of the work done by this association at the annual meeting of which record is herein made. Many of the papers are of more than ordinary importance, while the discussions develop a strength that accentuates their value to unusual degree.

Chicago is an excellent city to play the host to such a body; it is full of able physicians, who take interest in such gatherings, and who manifest their interest by attendance on the sessions, by participating in the debates, and by extending various hospitalities that serve to stimulate the members to their best efforts.

The paper of Dr. John B. Murphy on Tuberculosis of the female genitalia and peritorieum, which occupies eighty pages of the book, is one of unusual interest, and must have cost the author years of research and observation. It is the most considerable contribution to the literature of the subject that has yet been made, and will be quoted authoritatively for years.

Many other papers are of great value, but they should be read rather than described. It is doubtful if the association has ever put forth a more comprehensive or more practical volume than this, which is saying a good deal of a book that has so many noted companions.

The Practice of Obstetrics. Designed for the Use of Students and Practitioners of Medicine. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, New York. Royal octavo, pp. 1153. With 1264 illustrations, including 5 colored plates and 38 figures printed in colors. Second edition, revised. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $6.00 net.)

We can quite comprehend how such an excellent treatise as this should become promptly, not to say suddenly, exhausted in its first edition. This is the first instance, we believe, in the history of the Journal, in which two editions of the same work on

obstetrics have been reviewed within a single year. But we do not intend to review this second edition; coming so soon after the first, it is quite unnecessary to do so. However, we are glad to have an opportunity to invite particular attention to a few important features of the book that were not touched upon in the first instance.

One of the misunderstood details of the management of the third stage of labor by probably about one third of the candidates for the New York state license is Credé's method of delivering the placenta. In a normal labor,—normal as to first and second stages,—the conditions may change from calm to storm if the obstetrical attendant is not perfectly familiar with placental expression. Edgar describes Credé's plan in exceptionally simple phraseology making it so plain that "none but a fool may err therein." He says: "To practise this the fundus is grasped with one hand, fingers behind and thumb in front, and a contraction awaited. At the height of the pain the uterus is firmly compressed and forced downward and backward into the pelvis. If the first attempt fail, another may be made in the same manner at the next contraction. It may be necessary to repeat this procedure during several contractions." This, and this only, is Credé's method of placental expression,—a fact that should be drilled into every medical student, until he thoroughly understands it and can practise it with skill.

The extraction of the after-coming head is another piece of technic that should be made plain to the student of obstetrics. He can get such instruction on this subject in this book, as will enable him to deal with this complication in a clear and understanding way.

Again, we desire to call attention to the illustrations, 1,259 in number, most of which are original and all of which are a credit to this modern obstetric treatise.

Transactions of the Southern Surgical and Gynecological Association. Sixteenth annual meeting held at Atlanta, Ga., December 15, 16 and 17, 1903. William D. Haggard, M.D., Secretary. Philadelphia: William J. Dornan, Printer.

If the transactions of special societies were read more universally by general practitioners of medicine the aggregate stock of knowledge would be very much increased. In many such societies and particularly in the Southern Surgical and Gynecological Association questions are often determined that have been regarded doubtful until discussed in this body. The present volume is a splendid tribute to the men who participated in the proceedings of the last annual meeting which was held at Atlanta.

The interesting case of Bilateral diffuse virginal hypertrophy of the breasts, by George Ben Johnston, merits special notice because first, of its rarity, and second, on account of the careful preparation of the paper which discusses the pathology of the anatomical anomaly and gives bibliographical references that

serve to make a completeness to the paper which is most satisfactory. The illustrations also are to be commended.

The presidential address of Dr. Bovée, which dealt with Problems in urethral surgery, is an excellent presentation of these difficult questions. The general makeup of the book, which is carefully edited by the secretary, deserves special commendation.

A Practical Treatise of Diseases of the Skin. For the Use of Students and Practitioners. By James Nevins Hyde, A.M., M.D., Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College, Chicago, and Frank Hugh Montgomery, Associate Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College. Seventh and revised edition. Octavo, pp. 938. Illustrated with 107 engravings and 34 plates in colors and monochromes. Philadelphia and New York: Lea Brothers & Company. 1904. (Price: cloth, $4.50 net; leather, $5.50 net.)

For many years this treatise has been recognised as authoritative among teachers and specialists in dermatology. Since it was first issued.—namely, in 1883, then, however, solely under the name of the senior author,—it has stood for the best and among the best, in dermatological literature. Since 1893 it has appeared in new editions on an average of once in three years or a trifle less, always offering the latest and more approved methods of treatment, besides teaching the most assured methods of diagnosis.

The revision that became necessary when this seventh edition was projected resulted in a thorough overhauling of the entire work, and the revision proceeded page by page until completed; hence, for all practical purposes this is a new work, with this substantial difference, that it is prepared by men of experience who are familiar with all the details of authorship. This makes for substantial gain over the average new book without a previous record.

The illustrations are of a high class and depict with accuracy many conditions that are often difficult of diagnosis. Color has been used to good advantage in numerous instances. It is a book that reflects the present status of dermatological science, and will maintain the high place it has already attained, as an exponent of the practice of a sometimes difficult but always important branch of medicine.

The Urine and Clinical Chemistry of the Gastric Contents, the Common Poisons, and Milk. By J. W. Holland, M.D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Seventh edition, revised and enlarged, with 41 illustrations. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00 net.)

Here is a book which is remarkable in many ways in the outpouring of scientific works. One cannot help wondering sometimes in receiving circulars and prospectuses and announcements

of "now ready," "in preparation," or "in press," if many of the writers of today are not running orthographic races with themselves. There seems to be cropping out in the medical literary world a sort of tendency to a riot of words, which when they are all digested or dissected and divested of all outward pomp and glory mean little else than the self-glorification of a few isolated ideas.

In Holland's work on the urine and the clinical chemistry of the gastric contents, the common poisons and milk, there is an entire absence of all preliminary. It is all meat; all good, solid sensible, workable information. There is a title page and a table of contents, but no preface, no foreword, no introduction, for which much thanks. Considerable space is thereby made available for much valuable material. If there is any physician who knows all about the urine in health and disease, and who can draw his own deductions from an urinalysis, he doesn't need this book. But for the everyday man it is the best work of its kind which has been issued between covers in a long time.

The book is handy, it is complete, and the working plan, as laid down, can hardly be improved upon. It explains the whys and wherefores in simple, understandable language, and it makes comparatively easy the boggy road of urine analysis upon which so many well-meaning but misguided workers have found themselves floundering amid doubt and dubious diagnoses.

The information in other departments is just as clearly set forth as that devoted to the urine. The book is freely illustrated, well-printed and has been markedly improved since the first of the six previous editions was published. N. W. W.

A System of Practical Surgery. By Drs. E. von Bergmann, Berlin, P von Bruns, Tübingen, and J. von Mikulicz, Breslau. Volume IV. Surgery of the Alimentary Tract. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York. Pages 757. Illustrated. To be complete in five imperial volumes. Philadelphia and New York: Lea Brothers & Company. 1904. (Price, per volume: cloth, $6.00; leather, $7.00; half morocco, $8.50.)

The American medical profession is to be congratulated in being able to possess a work that concededly stands as the foremost exponent of present day surgery on the continent of Europe. Dr. William T. Bull and his assistants, Foote, Flint and Martin, have translated and edited von Bergmann's treatise so promptly that scarcely more than a year has elapsed since it was first announced. Moreover, the translation is so perfectly made that none of the sense of the original is lost or impaired.

The present volume, number four, deals with malformations, injuries and diseases of the esophagus; injuries and diseases of the abdominal wall; of the peritoneum, including laparatomy; malformations, injuries and diseases of the stomach and intes-

tine, including hernia; injuries and diseases of the liver and biliary passages; of the spleen; and of the pancreas.

From the foregoing it will be observed that this volume includes the surgery of the entire alimentary tract, of the abdominal viscera, and of hernia. It is illustrated with 345 engravings and is a volume that no surgeon can afford to do without.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume III. Fourteenth series. Philadelphia: J. B. Lippincott Company. 1904. (Cloth, $2.00.)

The foreign contributors to this number include Allchin, Duncan, Lockyer, Stewart and Williams, of London; Ballantyne, of Edinburgh; Boas, of Berlin; Carriere, of Lille (France); Chauffard, Fournier, Gouraud, Guisez, Lermoyez and Milian, of Paris. The American contributors are Bishop, Gottheil, Hart, Katzenbach, and Manley, of New York; Brown, of Saranac Lake; Cumston and Davenport, of Boston; Langdon and Palmer, of Cincinnati; Neilson and Spiller, of Philadelphia; and Ohmann-Dumesnil, of Saint Louis.

The subjects dealt with are, syphilis, twelve articles; treatment, three articles; medicine, four articles; surgery, four articles; gynecology, three articles; and neurology, one article.

Manley discusses the important subject of strangulated umbilical hernia in the female, which is well illustrated. Other articles of absorbing interest are also presented, some of which are illustrated, and the entire volume is one of the most instructive of the series.

Progressive Medicine. Volume III, September, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages, 19 illustrations. Philadelphia and New York: Lea Brothers & Company, Publishers. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

The contents of this volume embraces four general topics, the literature of which has been condensed and presented in abstract. It concerns chiefly the journal articles for 1903, but in a few instances it includes those published in the early part of 1904, and in still fewer instances some of those published in 1902.

The section of diseases of the thorax and its viscera, including the heart, lungs, and bloodvessels, is prepared by William Ewert, of London; the section of dermatology and syphilis, by William S. Gottheil; the section on diseases of the nervous system is com-

piled by William G. Spiller; and the section on obstetrics is abstracted by Richard C. Norris. The usual index concludes an interesting digest of these several topics.

Practical Materia Medica for Nurses. By Emily A. M. Stoney. Superintendent of the Training School for Nurses in the Carney Hospital, South Boston, Mass. Duodecimo, 300 pages. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.50 net.)

Something over five years ago we noticed in these columns the first edition of this useful book. We are glad to learn that it has been sufficiently appreciated by nurses to exhaust the previous publication, and to justify the printing of a new edition. It contains such information as every nurse needs, regarding the source, action, and use of drugs, together with the symptoms and treatment of poisoning; besides, there is added a glossary of terms used in materia medica. All things considered, it is one of the most useful books that a nurse can add to her library. The revision has included all the newer drugs of value, and many other notable features.

An Introduction to Vertebrate Embryology, Based on the Study of the Frog and the Chick. By Albert Moore Reese, Ph.D., Associate Professor of Histology in Syracuse University. Duodecimo, pp. 291. Illustrated. New York and London: G. P. Putnam's Sons. 1904.

This author modestly disclaims originality for his book, regarding it merely a compilation. It is, nevertheless, one of the most useful aids to the study of embryology that has appeared up to the present time. It presents an outline of the essentials concerning the development of the chick and the frog,—the two animals that are commonly studied by medical students. Indeed, the book has been prepared with a view to the special requirements of students. The subject is dealt with in a fascinating manner and would afford interesting reading for any person of intelligence. It is well illustrated by a clear set of diagrams and engravings on wood and is a most admirable presentation of elementary studies in embryology.

The Medical Directory of New York, New Jersey and Connecticut. Published by the New York State Medical Association. Volume VI. 1904-1905.

If a medical directory could speak out and tell how it was compiled, perhaps it would lead to a greater degree of accuracy. The one before us is as accurate as any, and we presume that an adequate reason for whatever imperfections it contains is to be found in the carelessness or indifference of physicians themselves.

The total number of names of physicians contained in the lists published in this volume is 15,204, of which 11,746 reside in New York state; 2,176 in New Jersey; and 1,282 in Connecti-

cut. Of the 11,746 physicians in New York state, 4,215 are credited to Manhattan and Bronx, 1,506 to Brooklyn, 121 to Queens, 65 to Richmond, a total for Greater New York of 5,907, which makes the number of physicians residing in the rest of the state, 5,839.

The Gazette Pocket Speller and Definer. English and Medical. Second edition. New York: The Gazette Publishing Company. 1904. (Price, 50 cents.)

It is often convenient to have at hand a word book of small size for quick reference. This is just such an one, and it even can be carried in the pocket,—the vest pocket if need be. It occupies a field by itself and is all that it aims to be—namely, a compact speller and definer of English and medical words, for ready reference.

A Textbook of Mechano-Therapy (Massage and Medical Gymnastics) for Medical Students, Trained Nurses and Medical Gymnasts. By Axel V. Grafstrom, B.Sc., M.D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised and enlarged. Duodecimo of 200 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. ($1.25 net.)

The author of this manual is an expert in the application of movements to the treatment of disease, and in medical gymnastics. His announced purpose when the book was issued first, now some five years ago, was to make it a rational textbook for the student, nurse, and medical gymnast. That he has succeeded in accomplishing his purpose, at least to a very large extent, is testified to by the demand for a second edition. There has been considerable revision of this book, as well as some additions to it, which make it as complete a work of reference for a physician as could be prepared for the purposes indicated.

The Optical Dictionary. Edited by Charles Hyatt-Woolf, F.R.P.S., Editor of "The Optician and Photographic Trades Review." Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00.)

As a matter of convenience to students and junior physicians it is well to have a separate dictionary of optical terms,—for example, one like this,—that can remain within easy reach on the desk or library table. Ophthalmological terms are more or less complex and this glossary will assist in fixing them upon the mind. The mechanical work of its preparation is exceedingly well done, though its imperfections are many.

Visiting Lists, 1905.

Notices of the following Visiting Lists are given in the order in which they were received. Each has its special merits of which our readers must judge either from experience or description.

some being adapted to the needs of one and some to those of another. All, however, are of superior excellence, the main points of difference being such as we shall endeavor to present in the description which follows:

The Physicians' Visiting List (Lindsay and Blakiston's) for 1905. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut Street. Sold by all booksellers and druggists.

The Lindsay and Blakiston Visiting List, now in the fifty-fourth year of its publication, contains the essentials which most physicians need and is a time-saving device that has met approval for over half a century. It is bound in handsome half morocco, is equipped with a rubber tipped pencil, is of convenient shape and size, is made of strong thin gilt edged paper and contains useful memoranda for office or bedside reference. Among the latter the subject of incompatibility is discussed, the immediate treatment of poisoning is tabulated, the metric system and equivalents are given, besides which there is a dose-table of drugs, an obstetric table and numerous other clinical data are given. In our advertising pages will be found a list of sizes and prices.

The Medical News Visiting List for 1905. Lea Brothers & Company, Philadelphia, 706 Samson Street; New York, 111 Fifth Avenue.

The Medical News Visiting List has become a standard record for the profession. It is published in four different styles with the object of adjusting itself to the requirements of the largest number of physicians.

It contains much clinical material and data of value for immediate reference, among which we may mention tables of weights and measures and comparative scales; instructions for examining the urine; table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries.

It is bound in strong leather cover, wine tinted in color, contains a pocket, a pencil with eraser and 192 pages of well-ruled fine gilt edged paper.

The weekly, monthly and 30-patient perpetual contain 32 pages of data and 100 pages of classified blanks. The 60-patient perpetual consists of 256 pages of blanks alone. Each is made up in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years, $1.25. Thumb-letter index, 25 cents extra. By mail, postpaid, to any address.

The Medical Record Visiting List or Physicians' Diary for 1905. New revised edition. New York: William Wood & Company.

The Medical Record Visiting List has always been a favorite with a large number of physicians. It ranges in price from $1.25

to $4.00, according to size, style and quality of binding. It is a compact book, easily adapted to the morning coat pocket and contains material for ready reference adapted to emergencies as well as to the ordinary daily practice of a busy physician. It has an obstetric calendar, deals with weights and measures, gives tables of doses, the treatment of poisoning, hints on writing wills, addresses of nurses, besides many other practical hints. It is printed on excellent paper with gilt edges and is bound in fine black leather which contains a pocket and pencil.

BOOKS RECEIVED.

A Textbook of Practical Therapeutics, with especial reference to the application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. With special chapters by G. E. de Schweinitz, Edward Martin and Barton C. Hirst. Tenth edition, enlarged, thoroughly revised and largely rewritten. Octavo, 908 pages, with 113 engravings and 4 full-page colored plates. Philadelphia and New York: Lea Brothers & Company. 1904. (Price: cloth, $4.00 net; leather, $5.00; half morocco, $5.50 net prices.)

A Treatise on Bright's Disease and Diabetes, with especial reference to Pathology and Therapeutics. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania. Second edition, illustrated. Octavo, 381 pages. Including a section on the Ocular Changes in Bright's Disease and in Diabetes, by G. E. de Schweinitz. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $4.00.)

Blakiston's Quiz Compends. A Compend of Medical Latin. By W. T. Saint Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky. Duodecimo, 131 pages. Second edition, revised. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00.)

Appendicitis and Other Diseases about the Appendix. By Bayard Holmes, B.S., M.D., Professor of Surgery in the University of Illinois, Chicago. Three hundred and fifty pages. New York: D. Appleton & Company. 1904.

Twenty-third Annual Report of the State Department of Health of New York. For the year ending December 31, 1902. With maps. Daniel Lewis, M.D., Commissioner.

LITERARY AND JOURNALISTIC NOTES.

Messrs. P. Blakiston's Son & Company have issued a most complete catalogue of medical and surgical works which will be found valuable to any physician. It is pocket size, bound in morocco, with round corners and red edges and contains about 110 pages. It is by far the most practical publication of the kind we have yet seen and may be had of the publishers for the nominal price of 25 cents.

The *American Journal of Orthopedic Surgery* has changed publishers and will hereafter be printed and published by P. Blakiston's Son & Company, Philadelphia. The subscription price has been reduced from $5.00 to $3.00 a year, and many other advantages will accrue from this change, though its general form and appearance will remain as before.

All matters pertaining to subscriptions or advertisements should be addressed to the publishers. Matters for editorial consideration will be taken up by the editorial committee, which is composed of Dr. R. W. Lovett, 234 Marlboro street, Boston; Dr. H. Augustus Wilson, 1611 Spruce street, Philadelphia, and Dr. A. H. Freiburg, 19 West Seventh street, Cincinnati.

The *Old Dominion Journal of Medicine*, the organ of the medical college of Virginia, and its alumni association, has been turned over to a corporation for publication. It will hereafter be published monthly. Several changes have been made in the editorial staff.

The *Literary Digest*, that admirable weekly compend of world news, has changed its dress, having shed its familiar salmon-pink cover and donned an artistic outside, printed in buff and black on supercalendered paper. This new cover contains two open panels, to be changed every week; one for the contents, and the other to contain a portrait of the man most conspicuously in the public eye during the current week. We are glad to note this indication of prosperity and progress on the part of this staunch weekly magazine.

ITEMS.

William R. Warner & Company, of Philadelphia, pharmaceutical chemists, whose celebrated house was established in 1856, has lately been honored at the Louisiana Purchase Exposition, Saint Louis, by the highest award, the Grand Prize, for pharmaceutical preparations. This house has long been known for its integrity and the chemical and pharmaceutical perfection of its products. Its many friends will be gratified to learn of the award above mentioned.

Physician's Account Book, by J. J. Taylor, M.D., 4105 Walnut street, Philadelphia. The foregoing is the title of a useful physician's account book adapted to the pocket and ruled in a way to

fit the legal requirements in case it should become necessary to prove an account in court. Since its appearance, three years ago, it has steadily gained in a popularity which it deserves.

The book contains obstetric, vaccination, and death records and cash accounts. It measures 4¼ x 6¾ inches, containing over 224 pages. Prices: bound in leather, $1.00. Also bound in manilla boards with separate leather case. Price of case and two manilla books, $2.00. Subsequent manilla books to use in the case, 60 cents each; two for $1.00; three for $1.40. Also large size for desk or office use, $4.00. Address, Dr. J. J. Taylor, author and publisher, 4105 Walnut street, Philadelphia, Pa.

The Perpetual Visiting and Pocket Reference Book for 1905, is the title of a memorandum book and visiting list published by the Dios Chemical Company, Saint Louis, of which the following is a table of contents: explanation of signs and how to keep visiting accounts, obstetrical memoranda, clinical emergencies, poisons and antidotes, dose table, blank leaves for weekly visiting list, memorandum, addresses of nurses, clinical, obstetrical, birth, death and vaccination records, bills rendered, cash received, articles loaned, money loaned, miscellaneous, calendar 1905, 126 pages, lapel binding, red edges. This call book will be furnished by the Dios Chemical Company, Saint Louis, on receipt of 10 cents for postage.

The Arlington Chemical Company has published a collection of architectural and decorative sketches, suggestive of the arrangement of offices and reception rooms, for physicians. The album booklet also contains illustrations of office interiors of several prominent physicians, among the latter being the aseptic office of Dr. D. W. Harrington, of Buffalo, originally reproduced in the Journal.

President Roosevelt at the World's Fair.

The World's Fair at Saint Louis, the official designation of which is "The Louisiana Purchase Exposition," is closing in a blaze of splendor just as these words are being reduced to type. The visit of the President of the United States of America,—don't forget the word America,—accompanied by Mrs. Roosevelt, Miss Alice Roosevelt, and members of his official suite, served to enliven the latter days of the exposition. One of the features of the visit of the President, which redounds to the everlasting credit of the management of the fair, is the splendid manner in which the guests included in the presidential party were safeguarded. Ex-Governor Francis and Mayor Wells are entitled to the gratitude of the American people for the executive ability displayed with such masterful skill.

BUFFALO MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

Complete Removal of the Shaft of the Tibia for Osteomyelitis, with Restoration of the Bone.[1]

BY GEORGE BEN JOHNSTON, M. D., Richmond, Va.,
Chief of staff Memorial Hospital, Fellow of the American Surgical Association.

THE following six cases of removal of the entire shaft of the tibia or fibula are presented because the results of operative treatment were so satisfactory, restoring otherwise hopelessly damaged limbs to usefulness.

Osteomyelitis is a disease which occasions much suffering, produces many deformities, and causes many deaths. It is therefore of sufficient importance to warrant a word of warning to physicians and ask on their part early recognition of it and prompt reference to a surgeon.

It is not meant to review the subject of osteomyelitis to this body of surgeons, but merely to present these cases and briefly make a few suggestions to such physicians as may see this report. Some forms of osteomyelitis are so obscure as to be difficult of recognition, and great damage is often done before a correct diagnosis is made and surgical treatment practised. The milder forms are mistaken for "growing pains," malarial fever, typhoid fever, and rheumatism; the more violent and active, for erysipelas.

When it is remembered how destructive this malady is and how dangerous to limb and life, the importance of early diagnosis and prompt reference to a surgeon are manifest.

The infection is not always of the same degree of virulence. The milder forms may pursue a more or less chronic course, but

1. Read at the annual meeting of the American Surgical Association at Saint Louis, Mo., June 16-18, 1904.

the acuter forms are so violent as often to cause prompt death or at least to destroy a bone, and this in a few hours.

The diagnosis is commonly not difficult. It generally attacks young, growing children, usually males. The bones oftenest involved are the exposed ones, notably the tibia. It is almost invariably traced to an injury, which is sometimes too trivial to be noticed at the time it is inflicted.

The constitutional manifestations vary all the way from malaise, general indisposition, and slight fever to a profound, overwhelming, and even fatal septicemia.

Where infection is slight the course of the trouble is mild and more or less obscure. Where the infection is virulent the symptoms are violent.

The age and sex of the patient, the history of an injury, the character of the pain, generally worse by night, a tender spot in the course of a bone, with redness and swelling, if superficial, suggest osteomyelitis.

Treatment must be prompt. Free drainage is imperative. If the disease involves only the superficial aspect of the bone, a free incision with proper disinfection and maintained drainage may be all that is required. Should the infection be in the medullary cavity or be otherwise deep seated, it must be found and proper drainage established. If the lesion has advanced to complete destruction of the bone, the treatment must be sufficiently radical to encompass the removal of all dead bone. This will occur in the more violent forms unless treatment is resorted to early enough to destroy the infection and thus prevent complete destruction. Where the major portion of a bone's shaft is destroyed, or is so involved as to require removal, this must be done. Where the entire shaft is removed, regeneration can only be of periosteal origin, and therefore the periosteum must be carefully preserved.

After free incision and removal of all diseased or dead bone, the wound should be most carefully antisepticised and maintained in this condition. Throughout, immobilisation is important and gives much comfort. For this purpose an ordinary fracture-box is the best appliance.

The dressings are to be as infrequent as is consistent with asepsis and always gently done. As new bone tissue begins to form, the parts may be shaped by the proper adjustment of adhesive strips and bandages, so that deformity may be lessened. When cicatrisation is complete, a light plaster-of-Paris cast is applied for the purpose of affording protection to the young and tender bone. The body weight should not be borne on the limb until the new bone has attained sufficient rigidity to support it

safely. The general health will always require attention. Tonics, ample food, and fresh air will expedite recovery.

Where a disk of bone can be left covering the epiphyseal line, no deformity in the length of the bone will result. If the epiphyseal junction is destroyed, there will necessarily occur shortening. This may mean aggravated deformity, but no great impairment of limb function.

When one of a pair of companion bones is destroyed, the other invariably takes on compensatory hypertrophy.

Case I.—1888. T. R., a boy, aged 7 years, had an injury to the right tibia, falling against a curbstone. Seven days after a painful swelling appeared over the lower third of the left shin. The family treated him for rheumatism, and not until the symptoms became alarming was a physician called. The family physician treated him with poultices, quinine, and opium for three weeks. I saw him in October, 1888, when the disease had existed over six weeks. He was much run down in health and very septic. The swelling was immediately opened by a free incision. It was discovered that the tibia was dead and the periosteum detached from an inch above the junction of the lower end of the shaft with the epiphysis to a point two inches below the upper epiphyseal attachment. The dead portion of bone was removed with a thin disk of healthy bone attached. This was accomplished by stripping away the periosteum where it was attached in small islands to the diseased portion of the bone, and separating it from the healthy bone a short distance above and below the diseased portion, and then with a chisel dividing the shaft in healthy bone and lifting the shaft thus separated out of its bed. The periosteum was intact throughout. An antiseptic dressing was applied after disinfecting the enormous wound thus made, and the dressed leg was placed in an ordinary fracture-box.

Almost immediately the child's general condition improved, all pain subsiding and fever disappearing, and nutrition was resumed.

The wound granulated rapidly, and in the course of three weeks a needle could be made to indicate the presence of bone tissue in the granulations. Three months were required for the new bone to form and the wound to cicatrise completely. When this was accomplished the leg was encased in a plaster-of-Paris splint and the boy allowed to go on crutches. He was not permitted to use the limb for a year, at the end of which time he walked freely without limp or pain. The new tibia was somewhat ill-shapen, being flattened from before backward, but had sufficient strength to meet all requirements.

I was able to keep track of this little fellow for six years after the removal of the shaft of his tibia. During this time he seemed

perfectly well and suffered no inconvenience from the loss of his bone, the function of the leg being perfect.

I regret I have no photographs of this case.

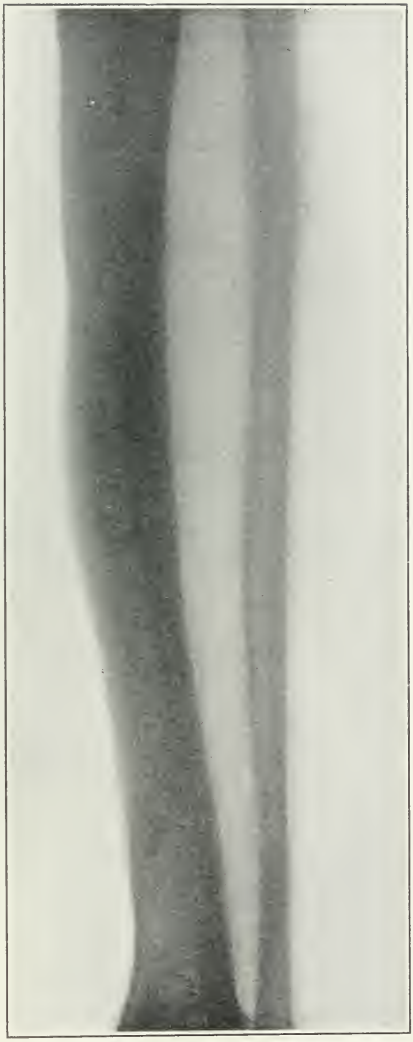
Case II.—1894. T. S., a boy, aged 8 years, while playing ball was injured on the right shin, the trouble being so trifling at the moment as to receive no attention either from the boy or

Case II.

Johnston: Fig. 1.—After Operation.

his parents. A week later he began to complain of a deep-seated pain in the shin, aggravated at night; had high fever, loss of appetite, and rapid wasting of flesh. When these symptoms had progressed a few days I was consulted.

A diagnosis of osteomyelitis was made and surgical treatment applied. Exposure of the tibia displayed a deeply congested and thickened periosteum. The medullary cavity was trephined



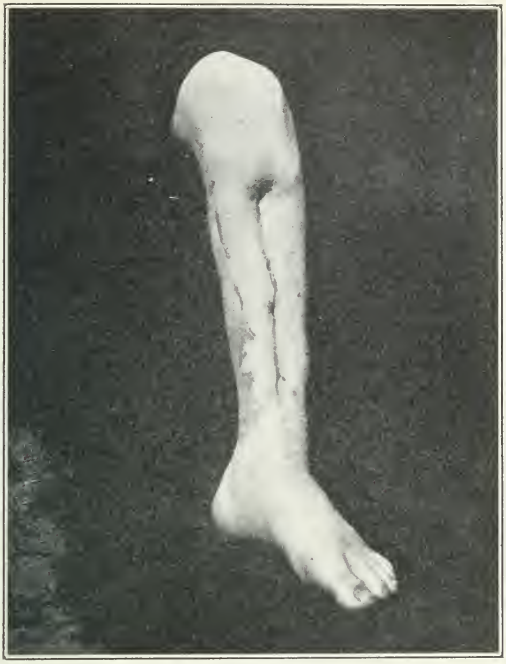
Johnston: Fig. 2.—Skiagraph.

and a considerable quantity of fetid pus evacuated. The symptoms were not promptly or materially ameliorated by this treatment. The disease rapidly spread, so that in ten days after the trephining of the bone a second operation was demanded and a longer incision made, extending two inches below the knee and well down to the ankle. It was found that about four-fifths of the shaft of the tibia were completely dead, the periosteum being separated almost entirely from this portion of the bone. The dead portion of the bone was removed, comprising about four-fifths of the shaft, the division being made well out into healthy bone. The after-treatment was the same as applied in the former case, including immobilisation of the leg in a fracture-box.

This youth made a rapid recovery, and the result in his case is absolutely perfect, a skiagraph showing practically no deformity in the tibia. He has grown almost to manhood, is leading an active life, and has positively no lameness, the two limbs being the same length and apparently of the same strength.

Case III.—R. M., a boy, aged 13 years, in December, 1893, received a blow on the left ankle too insignificant to attract attention. Three days after this injury a painful, red swelling appeared just above the joint on the tibial aspect of the leg. This at first was thought to be rheumatism. It extended up the leg so rapidly, and the redness and swelling increased so that it was later thought to be erysipelas. I saw him five days after the appearance of the swelling. His pain was excruciating. He was overwhelmed with sepsis, and his condition appeared most precarious. The diagnosis of acute infectious osteomyelitis was made and no time lost in opening the pus cavity. An incision was made the whole length of the tibia and an enormous amount of stinking pus poured out. Everywhere the periosteum was detached, and likewise the epiphyseal lines were separated, so that the entire shaft of the bone was found literally floating in a pus sac. The bone was lifted out without the application of a particle of force or the stroke of a knife to free a single attachment.

After proper preparation of the wound it was packed with iodoform gauze and outside dressings applied. The leg was put into an ordinary fracture-box and immobilised by packing about it snugly a quantity of wheat bran. For many days the issue was doubtful, but finally improvement began and progressed steadily. The leg was kept in a fracture-box until the wound had healed and new bone formed, after which time a light plaster-of-Paris dressing was applied and the boy allowed to go on crutches. At the end of eight months the new bone was deemed strong enough to support the weight of the body. On account of the destruction of the epiphyseal lines there was considerable deformity in this case, the tibia not growing in length. Nevertheless the limb is perfect in function, and when a thick-soled shoe is worn no lameness is apparent. A most interesting fea-



Johnston: Fig. 3.—After Recovery.

Johnston: Fig. 5.

Anterior view of left leg, showing false articulation seven years after exsection of fibia.

ture of the skiagraph is the exhibition of a false joint in the new tibia about three inches above the ankle-joint.

Case IV.—A boy aged 12 years was seized with pain in his shin. This was soon followed by redness and swelling. The trouble was at first ascribed to rheumatism. Later Dr. Warinner was called and pronounced it osteomyelitis. I first examined him at the Old Dominion Hospital. His leg was enormously swollen and very red, and fluctuation was present throughout the entire extent of the tibia. The boy being profoundly septic, and his condition being alarming, operation was immediately performed.

An incision was made extending the whole length of the tibia. When the bone was exposed it was discovered to be entirely denuded of its periosteum, and, like Case III., was lying loose in a pus sac. It was simply lifted out without any resistance by adherent membranes or epiphyses. As in the other cases, the wound was cleansed and dressed antiseptically and the leg placed in a fracture-box.

Prompt relief from constitutional symptoms supervened and the boy's general health rapidly improved. He made excellent progress and was able leave at the end of eight weeks with a light plaster-of-Paris dressing. He was allowed to go on crutches, with the leg suspended, at the end of ten weeks. In six months the bone, which was much distorted, was able to bear the weight of his body.

It will be seen, by reference to the skiagraph of this case, that, unlike Case II., formation of the bone was incomplete, there being a hiatus of fibrous tissue about the middle of the bone. The leg is sufficiently strong, however, to bear the weight of the body without the aid even of a cane. In consequence of the removal of the entire shaft and the destruction of the epiphyseal junction there is, of course, much shortening of the new tibia, but by means of a high shoe there is but little lameness. The function of the limb is excellent.

Case V.—L. J., a boy, aged 11 years, referred by Dr. H. H. Henry, was admitted to the Old Dominion Hospital, January 5, 1903. At the time of his admission his condition was deplorable. He had an acute osteomyelitis of the left tibia and a very acute inflammation in the right hip-joint. He was so profoundly septic that his life was despaired of. His symptoms had developed with great rapidity and violence, following a slight hurt. The whole of the left leg was very red and enormously swollen. Fluctuation was present over the whole tibial region.

An incision was made the entire length of the shin-bone, which was found suspended in a pus sac, and, like Cases III. and IV., the bone was free. No force was required to extract it, it being literally lifted out of its bed. This case was treated

Johnston: Fig. 6.—Skiagraph of Case IV.

like the others, and at the same time treatment was applied to the diseased hip-joint on the opposite side. The issue in this case appeared doubtful for many days, on account of the profound sepsis present, but finally the little fellow began to improve, and, after a long and tedious illness, he recovered, with an excellent new tibia in the left leg and a good result from treatment

Case IV.

Johnston: Fig. 7.—After Recovery.

of hip-joint disease of the other side. The after-treatment of this case was the same as in the previous cases, including the fracture-box. After the new bone had formed and the wound completely cicatrised, a plaster-of-Paris cast was applied for the protection of the new bone and to give rigidity to the limb. At the end of ten weeks the boy was able to go on crutches, and later, by the aid of a high-soled shoe, could walk without great

lameness, and what lameness was present arose from the injury to the right hip.

I regret not being able to present a skiagraph of this case, but an excellent photograph of the injured leg is shown.

This boy lived comfortably and was able to get about in excellent shape for several months. In the spring of 1903, he was

Case V.

Johnston: Fig. 8.—After Recovery.

seized with some acute abdominal trouble, supposedly an abscess of the mesentery, from which he died.

Case VI.—H. T., a sturdy boy, aged 5 years, was referred by his uncle, Dr. Henry Turnbull, of Lawrenceville. This little fellow came in one evening from play and complained to his mother of pain in his leg, over the fibula, saying he wanted to

go to sleep. His mother examined his leg and found the ankle a little red and somewhat swollen. The next morning the leg was very much swollen, and there was high fever. He suffered greatly and was not able to walk, and the limb remained in this swollen condition for five or six weeks, when a "soft place" was

CASE VI.

JOHNSTON: FIG. 9.

Photograph eight years after operation.

noticed on the ankle, and the attending physician opened this and kept it open. In two weeks small particles of bone worked out of the wound. At this juncture I saw him.

I discovered that the major portion of the shaft of the fibula was necrotic. Incision over the bone was made, extending upward from the external malleolus to within three inches of the head of the fibula. It was manifest that no part of the bone could be

Case VI.

JOHNSTON: FIG. 10.—SKIAGRAPH OF CASE VI.

saved except the lower malleolus and a small portion of the upper extremity.

With a Gigli saw the bone was divided through its healthy parts and the diseased portion removed. With the free drainage thus accomplished and the removal of the necrotic bone, septic symptoms quickly subsided. The after-treatment was precisely as in the others, viz., antiseptic dressings and immobilisation in a fracture-box. This little fellow did remarkably well, and in six weeks was able to leave the hospital with his leg in a plaster-of-Paris dressing. The bone rapidly reformed, and in six months the child was entirely restored to health, with the limb unimpaired. Eight years after operation the accompanying photograph (Fig. 9) of the leg and a skiagraph of the bone were made. It will be seen, from the skiagraph, that the bone is perfect. The leg is absolutely perfect in function, and the youth, now thirteen, is as sturdy and healthy as any boy of his age.

In considering these cases I am impressed with a number of facts well worth emphasising:

1. All my cases were in males.
2. In every instance they were in growing children.
3. The trouble was always traceable to a trivial injury.
4. Exposed bones were involved: the tibia in five instances, the fibula in one.
5. There was remarkable variation in the degree of virulence of infection.
6. The extent of destruction was dependent upon the character of the infection.
7. There were profound constitutional symptoms where the infection was virulent.
8. The condition was often mistaken for "growing pains," rheumatism, or erysipelas.
9. Regeneration in my cases was entirely of periosteal origin, and was rapid and complete.
10. Deformity resulted only in such cases as had suffered destruction of the epiphyseal line.
11. There is no deformity where a disk of bone is left between the shaft and the epiphysis.
12. Invariably the companion bone takes on compensatory hypertrophy.
13. Time to operate:
    (*a*) In acute cases (imperative) immediately.
    (*b*) In subacute or chronic cases (elective) when new bone tissue has begun to appear.
14. Operation:
    (*a*) Free incision and complete removal of *all* diseased bone.

(*b*) Spare all periosteum possible.
(*c*) Avoid curet, or use cautiously.
(*d*) Purify the wound by the strictest antiseptic methods

After treatment:

(*a*) Maintain aseptic conditions.
(*b*) Avoid too frequent and rough dressings.
(*c*) Treat as a fracture, by immobilisation in a fracture-box.
(*d*) Carefully shape the parts, as bone tissue develops, by bandages or adhesive straps.
(*e*) Protect the young bone by means of plaster-of-Paris.
(*f*) Abstain from use of the limb until the new bone is capable of sustaining the weight of the body.
(*g*) Look after general health.

407 East Grace Street.

Toxemia and Infections as Causes of Insanity.[1]

By FRANK STEPHENSON, M. D., Syracuse, N. Y.

REGARDING the etiology of insanity, it is of comparatively recent date that particular attention has been directed toward the effect upon the brain of toxins developed by fermentation and putrefaction in the gastrointestinal tract,—faulty metabolism,—and from the poisons in the blood developing from acute infections. According to Peterson "these toxin producing bacteria may be the chief agents whose influence acts upon the cortical cells and nerve fibers of the brain." It is not strange that the blood charged with these toxins should carry agents to the brain, which cause a disturbance of its functions, as we know the blood is the source of all the brain's nutrition and the channel for exit of its waste material.

In brain disorders, even without any history having been given of disturbed digestion, on investigation we find evidences of extensive digestive and fermentative changes shown by urinary analysis: that is, diminished or increased specific gravity, abnormal color, a lack of proper ratio between the specific gravity and the amount of urea eliminated; the presence of indican, xanthins, urates, phosphates, oxalates, and other products. Wagner, in the *Klinische Wochenschrift*, February, 1903, reports several mental cases in which indican and acetonuria were in excess, and that some of these cases, characterised by severe depression left

1. Read at the 37th annual meeting of the Medical Association of Central New York, held at Rochester, N. Y., September 20, 1904.

his clinic cured after three days of thorough eliminative and antifermentative treatment. The correction of these errors is also the first step in producing sleep, and in quieting the various nervous and mental manifestations in both borderline and classified insanities. We also prepare the system for making more and better blood, thus controlling not only the toxemia but the anemia which is sure to develop and be a stubborn factor in all of these patients.

F. Mott (*London Lancet*, August, 1901,) says, "the new neurology does not involve merely an acceptance of the neuron theory, but a recognition of the fact that every cell possesses a biochemical sensitiveness to its lymph environment, termed chemotaxis; the alteration of the environment causing, in many cases, the presence of some form of poison." And the essential cause of a class of diseases of the nervous system, which includes functional disorders and primary degenerations, is the failure of the neuron to carry on the processes of assimilation and dissimilation, which are essential for the well-being of every cell." We believe, also, that poisons circulating in the blood act as contributory, predisposing or exciting causes, in persons with a neuropathic or psychopathic heredity, and in persons who have subjected their nervous systems to excessive functional activity. Toxins may either be introduced into the body from without or they may be produced within,—exogenetic or endogenetic. In either case, however, it is the toxic state of the blood or lymph which causes the morbid nervous phenomena, but the symptoms which arise depend upon conditions of either increased excitability or depressed excitability of the nervous elements which are selected by the poison.

Franz Glenard (*Le Progrés Medical*, March, 1902,) says, "there is undoubtedly an enteroptosic neurosis, a hepatic neurasthenia and a hepatic agoraphobia which require for treatment regulation of the diet, and laxatives, instead of bromides, hydrotherapy and tonics. In every neurosis or psychosis the digestive apparatus should be explored, including the liver, intestine, stomach, kidney and spleen, as to their size, consistency, sensitiveness, location, relation and degree of fixity." Macpherson, at the Stirling insane asylum, says he submits all such patients to lavage of the stomach, laxatives, intestinal antisepsis and strict diet. He reports the case of a young man of sedentary habits, who was attacked with neurasthenic anxiety and digestive cachexia with vomiting, and was so ill it was feared he would die. He recognised nobody and talked as if insane, but after purgation and vomiting excessively he became rational, slept well, and the next morning was in his usual health.

All of my acute or incipient cases of mental disease, I have treated along these lines for some years. Many of these patients are able to come to the office where lavage can be given, and taught them or members of the family if a nurse is not in charge. Frequent prolonged hot baths act as a most excellent sedative and favor elimination, which is so beneficial to these patients. I insist upon their drinking eight glasses of water daily, hot or cold, and insist upon their taking much exercise in the open air if strong enough to do so, and if the urinary analysis, blood tests, general symptoms and condition seem to require it, I place many upon the following prescriptions:

Tan albumen in 15 gr. doses after meals.
Calomel, 1 gr. at night.

These arrest fermentation and overcome putrefactive changes.

Dilute hydrochloric or phosphoric acid also produces good results in some of these cases, but the following seem to me the most satisfactory:

Fel. bovis ins., gr. ii.....	To assist and strengthen the liver.
Ext. pancreatin, gr. ii...	To aid digestion and increase the secretions.
Caffeine muriate, gr. i...	To improve circulation and stimulate elimination.
Colocynth, 1-30 gr.....	For constipation.
Cocaine hydrochlorate, ½ gr., or ext. opii, 1-6 gr., Merck's.....	If severe depression.

The diet must be regulated, and I usually eliminate potatoes, as the starch in potatoes oxidises so rapidly, and use rice or macaroni instead. An excellent daily diet is:

Two eggs, one-half to one pound of meat, one quart of milk, seven ounces of bread. Let me illustrate by a case or two.

Case I.—Mr. L. G., aged 52, German; occupation, engineer; family history negative. For the past ten years, at irregular intervals, he has had attacks of depression preceded by loss of appetite, indigestion, constipation, diminished elimination of urine, coated tongue, foul breath and vertigo, and later insomnia; also irritability, so pronounced that his family could hardly endure his presence in the home,—these very severe attacks of depression were accompanied by weeping. He lost from 20 to 30 pounds of flesh; felt cold and weak. The temperature averaged 98°, pulse, 58; urine scanty, deep colored and 1030 specific gravity. Urea, ½ per cent.; indican, marked. Uric acid crystals and calcium oxalates in great number. This is the usual history of his attacks with some slight variation in symptom. The treatment given him is already outlined elsewhere in this paper, and has restored

the patient to normal health when suffering from his various relapses.

Case II.—W. W. C., aged 11. Family history, negative; had passed through some of the diseases of childhood without sequelæ. He was brought to me with the following history: great fear at night and if left alone during the day; marked irritability and depression; over sensitive and felt that none of his family loved him; cried frequently and was greatly depressed. He was discovered walking toward an incoming train on the railroad track, and in explanation said he "was going to let the train kill him, he felt so badly." This undoubtedly was a case of melancholia induced by toxemia. I found on inquiry and examination, a quick pulse, heavily coated tongue, fetid breath, choreic manifestation of the facial muscles, throat and nose; constipation, and the urine loaded with the uric acid; indican, oxalates, high specific gravity and low urea; no albumin or sugar. Purgatives, eliminatives, digestives and antifermentatives with frequent baths, controlled this attack in a few weeks, and in over four years there has been no return, as his diet and habits are carefully observed by his family.

Many of these cases are of a few days duration and easily controlled, but where we have chronic toxemia from faulty elimination and digestion, the condition is often most trying. We recall the irritating influences in the nervous system of carbonic acid gas, uremia, and diabetes, and many mental disturbances are reported, giving these influences as their probable exciting causes. Among the toxic insanities we also include alcoholism, which, by the way, is the most frequently met with by a large per cent.; also morphinism, cocainism, metal poisoning, and occasionally he suffers from excessive cigarette smoking.

Savage says, "Alcohol acts directly upon the brain as a poison; it acts indirectly upon the brain by impairing nutrition and interfering with the depuration of the blood." We have observed that large single doses of stimulants may act almost like a shock and render the person taking them powerless, or in some cases suddenly maniacal. In chronic drinkers the whole nutrition of the body suffers. There is a progressive loss of mental power which resembles in many particulars progressive paralysis of the insane. Repeated attacks of delirium tremens shock the nervous system severely, often developing acute mania or dementia. The detrimental influence of alcohol is greatly increased, if there be strong neurotic inheritance.

The pathological changes in subjects addicted to alcohol, according to Gowers, may be looked upon as hardening or sclerosis of the nerve tissues, so that conduction of impressions is

retarded and the impressions themselves are imperfectly received and slowly organised. Statistics give chronic alcoholism as the most frequent cause of criminal insanity, and it is a factor producing great aggravation of the symptoms or manifestations observed in the various insanities, either functional or organic. Polyneuritis, tremors, epilepsy, and hysterical manifestations are often observed with or preceding alcoholic insanity. The prognosis in acute alcoholic insanity is good, except that we usually have a neuropathic basis which accounts for the frequent relapses. Plumbism and other metal and drug poisonings, producing nervous and mental disturbances, are observed and written of at some length. Those of the first class, plumbism, present a great deal of motor disturbance; the drop wrist, incoördination, painful neuritis and cachexia, with mental changes, suggesting paretic dementia. It is stated that the irritation and degeneration of the cell fibers, arteriosclerosis and gliosis of syphilis, may be due to toxins created by specific microörganisms. Of the acute infectious diseases, causing or preceding mental disease or psychoses, la grippe, typhoid fever, malaria, pneumonia, acute rheumatism, and neuritis doubtless head the list.

In private practice, and in all of our large institutions for the insane, we very frequently find la grippe given as the first cause of insanity. Mental symptoms often develop acutely with general grippe symptoms; again the mental disturbance may be delayed for weeks and develop apparently from a condition of chronic toxemia infection or exhaustion. In other cases I have seen, the mental collapse had been preceded by grippe, and then rheumatism or pneumonia. These are trying cases of long duration and fill one with anxiety. Some such cases under my care have had apparently normal intervals, but on recovery the entire period seems to be a blank or filled with confusion, delusions and morbid fears. Their minds often remain weak for a long period after all mental distress has disappeared; they are easily fatigued, weep and have a tendency to sleep a great deal, showing but slow recovery from their exhaustion and autointoxication. Recently a case of cervico-brachial neuritis with most persistent mental derangement and accompanied by general inflammatory rheumatism came under my care; the mental symptoms continuing for weeks after all fever and pain had ceased.

I am surprised at finding so little written on the subject in medical books and journals, for the condition is quite frequently met with and has been a source of great anxiety to many physicians who feared the mental disturbance would become a chronic condition. The term, post febrile insanity is given to disorders which complicate the crisis or convalescent period of acute fevers,

as malarial, scarlet, and typhoid fever. Illusions, hallucinations, delusions of identity and great anxiety are the early mental manifestations. Pleasurable delusions or ideas of grandeur often develop. Most of these cases recover rapidly, continuing rarely more than a few weeks. In some cases, however, a more chronic course is observed, and there is a marked stupidity and confusion of ideas throughout the illness. Malarial fever is sometimes accompanied by mental disturbances with lucid intervals corresponding to the period between the attacks.

Case III.—Mrs. B. came under my care a few months ago, during her convalescence from typhoid fever. I was told the fever had been of four weeks' duration and she was making a good recovery, when she developed delusions and illusions. At times they were terrifying in character; again she was abnormally gay and happy. Insomnia was a very obstinate symptom. The disturbed periods continued only for four weeks, and in three months recovery was practically complete, except that her memory was weakened, but this was ultimately restored to normal strength.

Several cases of shorter duration have come under my observation, complicating or following measles and pneumonia, when the mental disturbance was less trying, resembling a condition of melancholy and weak-mindedness, or slight excitement, the chief anxiety with the family being that the patient might drift into dementia or chronic insanity. Whether engaged in general practice or doing the work of an alienist and neurologist, we are all constantly meeting this line of cases and it is well to have the ideas presented here in mind, thus making our diagnosis and plans for action clearer, and perhaps saving many patients from drifting into chronic organic mental diseases; also, preventing patients from being committed to institutions for the insane, when a few weeks of skilful patient treatment at home, or in a general hospital, might restore them physically and mentally to normal health.

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DISCUSSION.

Dr. E. H. Howard, Rochester: Permit me to utter a word relative to this very interesting and important paper, merely to accentuate its importance. At a recent meeting of the American Association of Superintendents of Hospitals for the care of the insane a whole day was given up to the consideration of the first portion of this paper—namely, toxins as causative factors in insanity. We were edified and instructed by a series of papers from various parts of the United States and Canada, widely separated sections, where studies and efforts were made in this relation, and were told a great deal about test meals, the effect of hydrochloric acid on the stomach, and of a group of cases where there was an excess of this element. A great deal of time was taken by the physiologists and students in the chemical laboratories in the hospitals, in trying to understand these cases.

Dr. Hill, of Baltimore, in discussion, said: "A general practitioner hasn't time for all this test meal business, hasn't the apparatus or the inclination, and I find I get on well by a little experimentation. When a patient comes into my office with these mental symptoms, I look upon it as probably a case of this character, and prescribe bicarbonate of soda, directing him to come back in three days. If the patient is not better, showing a marked degree of improvement, then I prescribe hydrochloric acid and find the cause of the trouble." Dr. Hill even made a little sport of the doctors who exploited their laboratory work with the test meals.

As to that portion of the paper, it is very well, indeed, to be reminded that we must be alert to this possibility, because it must make a difference sometimes in the care of the infectious disease. I wish to express my appreciation of the excellent paper, and incidentally, without attempting to discuss the president's address, I may add that his remarks about disinclination to send patients to hospitals for the insane meets the hearty approval of the hospital superintendents. It is a great surprise to many of us that so many patients are sent so hastily to hospitals for the insane.

Dr. F. S. Crego, Buffalo: I desire to add a word concerning the advisability of keeping these patients at home. I am a strong advocate of keeping patients with mental disease at home, and also I think the profession at large should learn something about insanity. In my course of lectures at the University of Buffalo every year I try to teach the students a few preliminary and primary ideas of insanity, but, as a rule, they do not like to attend lectures on this subject.

We have had struggles with almost every class to get them to attend, and now we put a few questions into the examination papers with the object of compelling attendance, but they seem to learn but very little. They do not study the subject enough to judge of a case, and yet they will sign a paper of commitment.

not for the actual money but for the relief, as they suppose, of the patient. I am of the opinion that 50 per cent. of the patients sent to the state hospitals are cases that should not go there. Indeed, if the truth were really known, there is a large number of patients sent to state hospitals every year that are not insane, but are cases of typhoid or toxemic delirium.

Not long ago I was called to testify in the southern part of the state in a murder trial, in the course of which one of my students testified on the other side. When asked what his experience was, he said he had heard Professor Crego's lectures and also been to New York. He said he knew all I knew and all the New York men knew. After he left the witness box I asked him how many of my lectures he attended, happening to remember he was marked for not attending. He attended two lectures and I think one clinic which comprised his instruction on the subject of his testimony.

Dr. R. G. Cook, Rochester: The president's address and Dr. Stephenson's paper both emphasise the need of a pavilion for the care of mental and nervous cases. We have been working for one in Rochester a good while, thus far without success, but we must not despair. Dr. Stephenson's paper is interesting, instructive, and valuable, and in only one point would I disagree with him—namely, in regard to the recognition of toxins in recent years. We are apt to think that it is only the modern writers that have recognised these conditions. Now, as a matter of fact, in the old days when physicians believed in humeral pathology, they described clinical conditions, which correspond exactly to some conditions which we recognise now; one, for instance, is lithemia. Recently in looking over a book on insanity written by Dr. Pritchard, in 1835, I discovered that he gave an exact description of the lithemic condition as one of the exciting causes of insanity, and the treatment was not very different from that which we now use.

Another point about the care of these cases to be borne in mind is in regard to prognosis. These patients recover from their individual attacks, but a person that becomes delirious or sinks into a condition of stupor from a comparatively mild toxemia, is one who is always in danger of becoming insane from very slight exciting causes. This was strongly emphasised in a case I happened to meet in my college days. A young man who was either very moody or very jolly, one or two glasses of beer or ale would make one of the merriest persons in college. We did not think there was anything the matter with him at the time, but he has spent over half the time since graduation in a hospital for the insane. This goes to show that individuals who show mental symptoms from a mild toxemia must be watched carefully when under our general care for mental symptoms on very slight exciting cause.

Dr. B. C. Loveland, Syracuse: In the first place, under the question of toxemia which causes mental disturbances, permit

me to say there are two certain classes. In one class will be included those of intestinal origin; in the other class are cases which result from infectious fevers and the like. Another point is that in the mind of the general practitioner the idea of insanity as a disease has not taken hold. It is mysterious, it is beyond the conception of those who look for a real pathology or causation, hence it is impossible for a large number of physicians to grasp the truth in regard to mental observations.

It has been impossible, due to the lack of facilities, for the average practitioner and particularly for the student in many of our smaller colleges, to have an opportunity of studying the course of mental disease. The keeping of patients at home has been advocated today, which is a very valuable way of affording an opportunity to study the course of the disease. I believe it is desirable to keep patients who are not dangerous to themselves or others, or who can be well handled, at home as long as possible, giving them the best treatment that can be administered there, with the hope and expectation that it will be more efficacious than treatment at hospitals. The necessity, already referred to, for a detention ward or pavilion in every city of considerable size, should receive the serious consideration of every medical man. When such are established the profession can get such a knowledge of these cases as will be of use to it.

Dr. J. Henry Dowd, Buffalo: I was interested in Dr. Stephenson's paper, for one reason among others, that we do not know the day when these patients may reach the dangerous stage described. What I would like to know is, how can we tell just before they reach the turning point? In my work on the urethra and bladder, I have mentioned that it is as important to test for indican in the urine as for albumin, and I will say now, it is a good deal more important to test for indicanuria. A young woman was sent to my office to have an examination of the urine made, the diagnosis being optic neuritis. The examination was made especially for albumin, but there was none, though I found indicanuria. She had no symptoms of indicanuria or intestinal fermentation. She was put upon salicylate of soda in large doses. Another patient was a young woman, married about three years, but had never been pregnant. Her husband asked me to examine her urine, and upon doing so I found marked indicanuria. I administered salicylate of soda and nux vomica. The husband consulted me in about three weeks, saying his wife did not menstruate. I asked him to bring a specimen of urine in about three weeks more, which he did, and after an analysis of it I pronounced her pregnant. She was confined about eight months afterward. Both patients presented mental disturbance.

Dr. W. J. Herriman, Rochester: I have been very much interested in what has been said on this subject, and I wish particularly to emphasise Dr. Crego's remarks about the general practitioner's need of more knowledge on the subject of insanity,

but, also, I think it is time for a word of warning lest errors be made in keeping dangerous patients at home. Dr. Crego tells us that 50 per cent. of the cases sent to state hospitals should not be sent there; while Dr. Howard tells us the superintendents of the state hospitals are surprised at the number of patients who are sent to those institutions that might have been kept at home. I agree fully with these gentlemen, that when a case is known (if it is possible to know such a thing) to be harmless to himself or to others, and there is a fair prospect that such a patient may be treated successfully at home, the case should be treated at home by all means; but I do believe that if more cases of a dangerous nature were sent to a hospital for care promptly, a great many lives, especially of women and children, would be saved that are sacrificed to the delusions of an insane person. How frequently we read in the newspapers of a woman who has killed her children, and, perhaps, herself; that for some time she has been acting strangely, and was supposed to be deranged but harmless. That woman should have been isolated in a proper hospital. She was not a case for calomel and hydrochloric acid. Such are cases for restraint, and I drop this little word of caution: don't wait too long with the cases of a suicidal or homicidal tendency, or they may commit crimes.

Dr. E. B. Potter, Rochester: I agree with Dr. Herriman in what he just said, and I am of the opinion that the general practitioner is apt to err on the wrong side in sending cases to the hospital. Dr. Howard and myself have worked together for twenty years, and we have always been careful with our statistics. I know of but two or three cases having been sent to us in that time which were not insane, easily demonstrable as such, and they were cases that were benefited by coming to us. The idea of a detention hospital is growing. We are working toward it steadily. It is proof that we are working toward it that so much time is spent in this meeting this morning discussing this topic. A few years ago the subject of insanity would not have taken up much time. This morning it has been interestingly discussed, which shows that Dr. Crego's lectures are doing good, and all centers of learning are now adding to their courses something on this topic, which is growing in importance. I know that the idea that insanity is a disease and not devilishness is becoming understood in the profession and by the people, showing that they are being educated on this subject. Half of the people who come to us now know that they are brought to the hospital for treatment. They come to us for treatment as they would for a broken leg or a tumor. They come because they are sick and need treatment.

A member[1]: There is one advantage in the hospital treatment which is superior to treatment in the home; that is the

1. This visitor was unknown to the chair and was not announced when he discussed the paper.—C. A. G., Secretary.

moral influence, as it might be designated. Oftentimes in their whims, their delusions, things are turned upside down to gratify the insane, and frequently that is the worst thing that can be done for the patient. A short experience in the state insane service impressed this lesson upon me—namely, that the very fact that their whims and notions and insane demands were largely ignored and simply their necessities administered to, had a most salutary influence upon the mental condition. I believe there was a small percentage whose recovery was simply due to the fact that they were put in a place where their every whim was not gratified.

Dr. William J. Howe, Scottsville: As a general practitioner from a country district, I am prompted to add that my experience has taught me that learned alienists are liable to err in their judgment as to the etiology of many of these mental conditions; at least, my experience has been such. A few years ago a strong, robust, young Irishman came to me, suffering with pronounced melancholia. He had been under the care of an eminent specialist who had treated him for nine weeks, with no improvement except as to his nutrition; he improved in flesh but mentally was no better. He came back to his country home, and I employed him as my coachman. I began an eliminative process to determine his condition or what was causing the melancholia. I found he had a double astigmatism. I stopped all medication at once. In a month, instead of sleeping one hour, he slept practically all night long; and, to shorten the story, he made a perfect recovery. He had been in the hands of eminent, skilful men, and yet they had overlooked the cause of the trouble; so it seems to me that in endeavoring to learn more of insanity we should endeavor to learn, first, more of the cause or causes of insanity.

In further illustration I may mention that a few days ago it was my misfortune to have a relative sent from a western city suffering from melancholia. She is a comely young woman, 26 years of age, who had been for two years affected with melancholia. Her physician was one of the most eminent in the west. He had treated her for two years for melancholia, but had never made an ocular investigation or local examination. He sent her east to the country for a rest. An examination showed her to have a marked ulceration of the os uteri, with a slight astigmatism in each eye, and considerable muscular tension. She has been in the country less than three weeks, and is decidely improved. The astigmatism has been corrected, the muscular tension has been somewhat modified, and she is improving with a fair prospect of recovery. In endeavoring to learn how to manage insanity let us learn, first, what the cause of each individual case is. It is a difficult matter to settle the treatment of a case unless we know the primary cause, so I would like to emphasise the importance of careful investigation as to the cause, and find out if pos-

sible what produces the mental symptoms, then remove the cause, and the rest will become easier to deal with.

Dr. A. A. YOUNG, Newark: I wish to say one word in approval of Dr. Howe's remarks. Our books give us signs and symptoms of insanity; pathology and etiology largely are left out. We cannot sit and hear lectures fresh from the teacher. We have got to take patients as we find them. Friends say they are insane, and must be sent away. The ease with which we get them into our asylums is another element to take into consideration. Not a word ever comes back to us in regard to a patient's insanity, whether he is insane or not. The feelings of practitioners should never be taken into account, but if patients are not insane the superintendents of asylums should send them back promptly and so pronounce them. I find also another trouble: we cannot get from our asylums the information we want as to when the patient is about to cross the line from sanity to insanity. I plead for more information on the etiology and pathology of insanity and less on the technic of management. Give that to us and then we will send less to asylums.

Dr. CREGO: I desire to correct a possible wrong impression that my remarks may have caused. In the first place, I do not advocate keeping dangerous homicidal patients at home; I do not advocate keeping suicidal patients at home unless they are under strict guard. What I am advocating is that the general practitioner should study their cases with care, and then they will recognise the man that is going to kill his children, and the woman who is dangerous, and they will not keep them at home for a minute, but will put them in a proper place of detention. It is unnecessary to keep those cases at home, it is not right to do so. In the next place, they should not be put in a room by themselves and allowed to go without treatment. They need treatment the same as a man with pneumonia or typhoid fever. It is a disease they suffer from and they are not going to dream it away; it is not going to disappear unless the doctor gives them some relief. Dr. Howe has hit the nail on the head; we must get at the cause and pathological condition,—pathology and etiology. I think the new books on insanity are pretty profuse and prolific on these points.

Dr. J. P. CREVELING, Auburn: I would like to say one word in support of Dr. Crego's first remark, that the student of today does not study insanity or attend the lectures on that subject. I believe that for the last four or five years the question has appeared in the questions put by the state examining board every year, "Define an illusion, a delusion, and a hallucination." Some of the most absurd answers have been given. As an illustration I give you one. A candidate, in describing an illusion, said it was "a belief a man has that he is God, when he isn't." Though this man was from Buffalo, I don't believe he ever attended Dr.

Crego's lectures or he would not have made such an answer. I heard only the last part of Dr. Stephenson's paper, where he paid a great deal of attention to diseases of fermentation, as I infer, of the stomach. It is my impression that more toxic conditions follow from a clogged colon than from a fermented stomach. Another class of cases where there has been a good deal of mental disturbance—not insanity—has come under my care which have been associated with a gouty condition, and I believe in many instances the cause of mental aberration may be traced to gout and, likewise, to kidney lesions that have not been recognised.

Dr. STEPHENSON: I have nothing to add. I believe the success of any paper must be admitted from the discussion which it has elicited, and as this has been going on for more than an hour, I think that I can congratulate myself. I thank the gentlemen very much for responding so liberally in the discussion.

The Alexander Operation — Its Immediate and Remote Results.

By JAMES E. KING, M. D., Buffalo, N. Y.,

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MY object or, perhaps better, my apology for asking your attention to the much discussed Alexander operation, is not that I have a new technic to offer, but only to consider a few of the clinical features which are results, immediate or remote, of the operation. It is an operation that has been much criticised favorably and unfavorably, but the results of the discussion and the experience of many operators, whose cases number in the hundreds, has been to place it upon a firm foundation as one of the surgical resources of gynecology. Successful results are only possible when the indication for it is carefully observed. It is agreed by all that it never should be undertaken in the presence of any complicating condition of the uterus or adnexa unless such condition may be treated satisfactorily at the same time. This, then, reduces the indications to very simple terms—namely, simple uncomplicated retroversion which implies a most careful diagnosis. We do not expect an Alexander operation to relieve symptoms with complicating disease of uterus or adnexa and it is therefore unfair to condemn the procedure when done under such circumstances.

In the correction of simple retroversion we are dealing with tissue which is in no sense pathologic and the operation aims at a mechanical result. The correction of the retroversion is usually

permanent. Cases of relapse may often be traced to suppuration or to the presence of unusually small ligaments. The latter failures should not be charged to the operation but to the unfortunate choice of the method in those particular cases. Granting that relapse may occasionally occur, it is rather from the patient's viewpoint than from the mechanical results that the few clinical features will be discussed. It is unfortunate that the surgeon and patient cannot agree always as to a successful result in operations.

One of the unpleasant sequelæ is pain. It is usually unilateral, extending up in the abdominal wall about three inches. It is sometimes quite severe and is intensified by pressure or walking. It may come on directly following the operation, or it may be delayed for a few days. It often remains four or five months, gradually improving until ultimately it entirely disappears. When it is severe, the patient may be unable to wear her corset. The cause for this pain seems to be injury to the ilio-inguinal nerve. The nerve as it passes through the inguinal canal from the abdominal muscles to its cutaneous distribution, lies in very intimate relation to the round ligament. It may be injured in its separation from the cord or in pulling the ligament out; and, finally, it may be sewed in with the fascia when the canal is closed. It is also often seen in the wounds that have suppurated, the nerve doubtless being held in the resulting scar tissue. Great care should be observed in avoiding further handling of the nerve than is necessary for its separation from the ligament, and in closing the canal the nerve should be carefully placed and not sewed in with the fascia. To the patient, the pain is often very troublesome and unpleasant and, unfortunately, there is little that can be done for its relief.

Another result which is sometimes seen, and which is far from satisfactory to the patient or surgeon, is the failure of the corrected retroversion to relieve all the symptoms. The fundus may be well forward and held so, but the patient is conscious of a feeling of dragging and weight in the pelvis. Nearly all cases of retroversion are accompanied by some relaxation of the uterosacral ligaments and consequent descent of the uterus, depending upon the amount of relaxation and the condition of the pelvic floor. In some cases the symptoms seem largely to be due to the condition of these uterosacral ligaments. Two cases of my own will best illustrate these observations.

Mrs. B., age, 27; married five years; three years ago labor was induced at seven months for dangerous kidney symptoms; eighteen months later she became pregnant again, but aborted at four months, the fetus presenting the appearance of having been

dead about ten days. When first I saw the patient she described symptoms of retroversion, the history indicating its existence for some time before marriage. Examination showed a freely movable displaced uterus. No prolapsed ovary could be felt nor was there evidence of uterine or adnexal disease. The uterosacral ligaments were much relaxed, allowing descent of uterus. Examination at the time of operation verified previous findings. The Alexander operation was done, the ligaments being found of good size. Following the operation a pessary was worn for three months, during which time the patient was quite free from unpleasant pelvic symptoms. A short time after removal of the pessary, symptoms of weight and dragging in the pelvis were complained of. Examination showed fundus of uterus well forward and normal in size; ovaries apparently in position. There was, however, still marked relaxation of uterosacral ligaments and descent of cervix. A pessary was again placed with the relief of symptoms. Removal of the pessary was each time soon followed by recurrence of symptoms, so that for a year and a half the pessary has been necessary for the patient's comfort.

The second case is Miss M., age, 22. She gave the usual history of retroversion and dysmenorrhea of four years standing. Examination disclosed a freely movable retroverted uterus, with no adnexal disease, but marked relaxation of uterosacral ligaments. Examination under ether at the time of operation gave the same results. The Alexander operation was done and a pessary worn for two months following operative intervention. Three weeks after its removal the patient returned, complaining of backache with dragging and weight in the pelvis. The fundus of the uterus was found well forward, but the cervix was low, due to the relaxation of uterosacral ligaments. A pessary was fitted with complete relief. For six months past she has worn the pessary and has made no complaint.

These two cases may be regarded as a type of the "successful operation" that does not cure the patient. That the symptoms in both cases were due to the relaxation of the uterosacral ligaments seems conclusive, inasmuch as refitting a pessary afforded relief. Such a sequence does not, however, always follow in the presence of relaxation of these ligaments, for in many cases in which there is marked descent the symptoms are completely relieved by the operation alone. It is simply a difficulty which results from the lack of uniformity in the symptoms produced by the same condition in different individuals.

The appearance of hernia following the operation is sometimes seen. Many such cases have been collected. Faulty technic and suppuration are in nine cases out of ten often responsible for it. The same care should be observed in sewing up the canal as in the radical operation for the cure of hernia. When so done

hernia must be a rare sequel. Suppuration should never occur. The technic in sewing up the canals and treatment of the ligaments must be modified somewhat by the size of the cord and extent to which the canal has been opened.

The operation is admitted to have no influence upon pregnancy or labor and, so far as my experience goes, pregnancy and labor do not cause recurrence of the displacement. I have attended five women in labors occurring at variable lengths of time following the operation. In two, the operations were performed by other operators; three cases were my own. Four of the five women I have been able to observe after puerperium. In each case a pessary was fitted as a precautionary measure and worn for two months during the period to complete involution. In none of these cases has there been any return of the displacement. One patient, during the early weeks of pregnancy, complained of "pulling" at the side of the wound sites, which was relieved by support until the uterus became large enough to rise out of the pelvis.

To gather statistics to determine what percentage of recurrence follows the Alexander operation is rather uncertain in its results. In hospital work it is impossible to follow many of the cases we operate upon, but I believe that recurrence should be very rare if the technic of the operation is varied according to what, in the judgment of the surgeon, seems to be the requirements of the case as determined by the size of the ligaments. When all is said and done it must be admitted that the Alexander operation has a prominent place in the treatment of uncomplicated retroversion, and reference to my case book will bear evidence of many patients who may say, with the surgeon, that the operation is a "perfect success."

93 Niagara Street.

Notes of Travel in Mexico.

By HERBERT U. WILLIAMS, M. D., Buffalo, N. Y.,
Professor of Pathology, University of Buffalo.

I SPENT six weeks in Mexico last fall, and made some notes on my experiences for the JOURNAL. As I went away for a vacation and a change, I rather avoided medical problems. However, I learned a few things that may interest physicians in our part of America. While I saw nothing of medical work, the physicians told me some things of interest.

There are some five or six thousand English speaking people in the city of Mexico, most of whom came from the United States.

A newspaper in English, the *Mexican Herald,* is published there which is a member of the Associated Press and is a first-class American paper. Mexico also has an American club and a British club, managed exactly like clubs in this country, and where one would never imagine he was two or three thousand miles from home. There are some very good American physicians in the city. It is considered perfectly proper for them to publish their cards in the *Mexican Herald.* The Americans (meaning the people from the United States) maintain a good modern hospital of about forty beds, and having American trained nurses. I was told that there is a lack of American nurses to do private nursing and that they are paid ten dollars a day, which is nearly five dollars in our money. Proprietary medicines are used, as they are all over the world, if one may judge from the advertisements. It is curious to see familiar signs in the trolley cars, but translated into Spanish, as

"EL PAIN KILLER
DE PERRY DAVIS."

It was my good fortune to meet a number of American physicians, among them Dr. E. H. Norton, for several years surgeon to the Fitch Hospital in Buffalo. His friends will be glad to know that he is well and is prospering.

As the city of Mexico is more than seven thousand feet above sea-level, the climate is temperate. During the two weeks I spent there early in September, the thermometer did not go above 73°. Medical experience seems to be of about the same character as here. Pneumonia, I was told, is not very common but is extremely fatal, presumably on account of the high altitude. Malaria is said to occur in the city of Mexico, but I should like to see the diagnosis proved by blood examination. The Mexican physicians state that the anopheles mosquito, as well as the stegomgia or yellow fever mosquito, is not found in the city.[1]

One disease appears there which is never seen here, and that is typhus fever. It was stated to me that there were three hundred cases in the city last year. Typhus is rare, however, except among the Mexicans. Apparently it does not prevail in the tropical parts of the country, but rather in the winter season and at high altitudes through the center of Mexico, as far north as Zacatecas (altitude about 8,000 feet). This is noteworthy, because typhus in some respect resembles the so-called spotted fever of the Rocky Mountains, which has been described in Wyoming Montana, Nevada, and Idaho.[2]

1. Ruiz. American Public Health Association Reports, Vol. XXIX., 77.

2. See the article of Wilson and Chowning. *Journal of Infectious Diseases,* Chicago, January, 1904.

Of the Mexicans, I saw no more than may any casual traveler. Their picturesque dress and appearance make one think almost that he is looking at a scene out of light opera, rather than real life. Roughly speaking, it seemed to me that nine-tenths of the people one meets through the country are wholly or partly of the American Indian race. Mexicans of the lower class have the reputation of being very dirty in respect to their habits and persons. As far as my experience went, the reputation seems to have been well earned, though I imagine the peasants of a number of European countries are as bad. Certainly, the traveler in Mexico finds fleas, bugs, and their kindred, very troublesome.

About half of my time was spent in the Sierra Madre Mountains in the northwestern part of the country, where the states of Chihuahua and Durango join. As our party traveled with a pack train, we had an opportunity to see something of the Mexicans of the ranches. When our *mozo* (hired man) was once given the dishes to clean, he carefully washed his hands, which were very dirty, with soap and warm water. Then he washed the dishes in the same water. We gave up trying to reform him, and relegated him to packing the mules, in which art he excelled.

On this trip we had a chance to verify some of the stories told of what these Mexicans can endure in the way of exposure. When I started, I heard an old prospector say, "why, I have slept out in the mountains and nearly frozen under six blankets and my *mozo* seemed to be warm enough under a coffee-sack." We camped at an altitude of 9,000 feet, and often found it chilly in a tent with plenty of bedding. But our *mozos* seemed to be satisfied to sleep under a tree, even if it rained, though they were barefooted, poorly clad, and had only a couple of thin damp blankets. The dwellings of the poor people are made of adobe or of logs, with damp and nasty earth for a floor. It seemed to me that many of them suffered from catarrhs. Certainly they were perpetually blowing their noses, coughing and expectorating. Nevertheless, the climate at these high altitudes is superb. The air is so clear that mountains twenty to fifty miles away look as though they were standing out of a relief map. We heard a good deal of rattlesnakes, tarantulas, scorpions, and centipedes until we got on the ground, but then we learned that no one pays much attention to them. Probably they are more troublesome in the low, hot parts of the country. Many of the Mexicans certainly go bare-legged, and wear sandals or nothing at all on the feet.

Although we were in a region said to be infested with rattlesnakes all of our party together killed only six. They were of two different species—the diamond back (*crotalus adamanteus*) which we found large and sluggish, and another totally different

species, quite small, with a spotted skin and vicious. One of the diamond-backs was very large and thick, and the body was distended with two or three big bunches, presumably rats or gophers he had eaten. As I wished to photograph him, our American guide resorted to the cowboy's invariable expedient and "roped" him just back of the head with a piece of twine. The snake made very little resistance and acted as though he had taken a narcotic. We made many inquiries concerning the mortality from snake-bites, but could find only a few people who had personally known of anyone even being bitten. From what I had heard of rattlesnakes in New York and Pennsylvania, I had gathered quite a different impression. The pharmacist in a large mining town in the part of Mexico where we were, stated that in the two years of his experience he had never had a call for a remedy for snake-bite. A mine superintendent reported that he had once known a Mexican to die quickly from the bite of a very large rattlesnake,—the only fatal case I heard of. An American trapper told the story of a man who nearly died of a bite on the arm, and who subsequently suffered from redness and swelling of the arm annually at the time of the year when he was first bitten. According to Langmann, there have been cases of this sort that are well authenticated.[1]

One of the most novel experiences we had in the Sierra Madres came in visiting a small settlement of Tarahumare Indians. This tribe by reason of living in wild and remote parts of the mountains, often in deep canons (also called *barrancas* in Mexico), has been less affected by contact with white men than most of the Indians in the United States. The Tarahumares have been very carefully described by Dr. Carl Lumholz (Unknown Mexico, *Scribner's,* 1902,) who studied there for several years. Some of those that we saw wore clothes, but others had no garment but a breech-cloth. They had no weapons but bows and arrows, with which they shot parrots and other birds, squirrels, and rarely deer. We found an arrow sticking in the soil by a pond, where some Indian had probably been hunting ducks. They cultivate corn, and secure some very good crops. One day we encountered unexpectedly a young fellow from this tribe, and I shall not forget the impression made by seeing a wild man in his native wild environment. He was stark naked but for his breech-cloth. His hair was a little wavy, and came well down on his neck. His teeth were glistening white, and perfect in form. His bearing was quiet and dignified. When he parted from us he went off at an easy, graceful lope, making about five miles an hour, regardless of rocks and logs, carrying his bow and arrows in his hands.

1. Langmann. Reference Handbook of the Medical Sciences, 1903. VI., 712.

He was built for speed, with slim arms and legs, every muscle perfect, and with a splendid back and chest and a mass of pectoral muscle. He reminded me of nothing so much as Kipling's Mowgli. We heard the most astonishing tales of the endurance of these people in running, but they are fully verified by Lumholz. He even makes the almost incredible statement that a Tarahumare will easily run one hundred and seventy miles without stopping. One of them carried a load of one hundred pounds on his back, a distance of one hundred and ten miles in seventy hours. All over Mexico, indeed, one sees the natives working as beasts of burden, along with the burros and mules, and bearing tremendous loads.

A gentleman who had had a great deal of surgical experience among the Indians of Mexico, told me that their capability for enduring pain was extraordinary. He had seen them bear the most shocking injuries with stolidity, and submit to terrific operations without an anesthetic. In fact, they preferred not to take an anesthetic. Lumholz relates that he once pulled six hairs at a time from the head of a sleeping child without disturbing it, and when twenty-three hairs were pulled out in one stroke, the child only scratched its head a little and slept on.

I appreciate that these notes are disconnected and mostly based on what was told me in conversation. But, as I remarked in beginning, I was not on the lookout for facts related to medical work. As to the other aspects of Mexico there is only space here to say that it is a country of immense distances, with many things that are novel, interesting, and beautiful.

221 North Street.

THE HISTORY OF TUBERCULOSIS.

John B. Huber (*Medical Record,* October 22, 1904,) gives an interesting resume of the history of tuberculosis and of the views of older physicians concerning its nature, together with some of the sanitary regulations that arose from their conception of the disease. In spite of its less dramatic form, the ravages of this plague are much more dreadful than those of cholera, smallpox, or the black death, and yet, owing to its slow and insidious course, it causes none of the consternation attending the outbreak of those scourges. The disease has not been without its influence in art and literature, and an interesting list is given of personages eminent in various walks of life who have succumbed to the Great White Plague.

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

EDITED BY

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THE Christmas holidays began on the 17th of December and will continue until January 3, 1905, when the work of the medical department will be resumed.

THE annual theatre party of the students of the University was held on December 5, Shea's being the theatre chosen. The playhouse was decorated with the University blue and white. The vaudeville bill was enlivened by the actors at apropos moments during their acts by references to some of the students. The four departments of medicine, law, pharmacy, and dentistry were well represented, the classes of each department occupying sections of the theatre. The class songs were brighter this year than they have ever been and the class yells greeted popular teachers as well as brilliant bits of the program.

THE pathological department of the University received Thanksgiving time the organs of a turkey which had been purchased in open market and which by reason of their peculiar appearance excited suspicion of disease. A preliminary examination has been made and the liver and lymph nodes have been found to be tubercular. Further study is being made and when completed a full report will be published.

A RATHER unusual fracture of the tibia was received at the General Hospital during the month of November. A traveling man

alighting from a slowly moving train at Columbus, O., fell on a heap of stones; the train was stopped and he was taken aboard and brought to Buffalo, a physician, en route, putting on an emergency splint of book covers and a cotton bandage. When the patient was received at the hospital in Buffalo, sixteen hours after the accident, the leg was enormously swollen and covered with blebs. The injury was found to be a multiple fracture of the head of the tibia. No immediate effort was made to reduce the fractures, the first treatment consisting of cleaning off the surface and immobilising the limb. Ice bags were applied. A radiograph showed the outer head of the tibia had been broken off; a fracture extended diagonally across the bone from the inner head to the outer surface of the shaft, an inch below the first fracture, and an almost perpendicular fracture from the middle of the second fracture to the inner surface of the shaft. This last fracture was broken across transversely. After three weeks in plaster there was fair union of the fragments which had been replaced as nearly as possible under anesthesia. In many such cases where there are multiple fractures of the head of the tibia, involving the joint, there is non-union and amputation is necessary. Invariably the result when the leg is saved is a stiff joint.

At the surgical clinic of the General Hospital a woman of 40 years was received whose symptoms were referable to the stomach and there were indications which made the suspicion of carcinoma tenable. An exploratory laparatomy showed the stomach to be in normal condition. A further examination revealed a very large gallbladder which contained stones. The bladder was removed and on being opened was found to be filled with bile in which were a large number of stones varying from very coarse sand to pea size. They were counted and numbered over 1,600.

Repair of fractured pelvis was done at the surgical clinic of the General Hospital, the patient being a man of 60, who had sustained the injury sometime prior to his admission. He could walk fairly well, but with considerable pain, which when he sat down was intensified, and there were few moments when he did not have some pain more or less severe in character. Examination showed a separation of the symphysis and a fracture of the ascending ramus of the ischium. The latter was fairly solid with fibrous union and consequently was not disturbed. The upper fracture was wired with very heavy silver wire and the case made a good recovery.

A GIRL of 13 came to the General Hospital surgical clinic with ankylosis of the jaw which so far as could be learned was a sequel of one of the exanthema. The child could not open her mouth more than half an inch and even this was attended with great difficulty. Resection was done just a little anterior to the angle of the jaw, on both sides, and was completely successful, the child on recovery having excellent control of the jaw movements.

THE complications which may and frequently do arise in strangulated hernias was forcibly shown in a case operated at the surgical clinic of the General Hospital within the past few weeks. The patient was a woman 40 years of age who was received with a strangulated umbilical hernia which had resisted all efforts of her attending physician to reduce. She was hurriedly prepared for operation and on opening the abdomen the hernia was found to be in a condition of approaching gangrene. There was an abundance of pus in the abdominal cavity and an examination of the appendical region disclosed a gangrenous appendix which was removed. The patient's condition was precarious and in view of the extensive suppurative condition which existed recovery was considered doubtful. She, however, rallied from the operation rapidly and is now believed to be convalescent.

A MOST interesting case of abdominal tumor was received at the surgical clinic of the General Hospital, in which the diagnosis was made and operation done for cystic tumor of the liver. The patient was a German woman who had been in this country for eighteen years. There was a large tumor to the right of the middle line of the abdomen in its upper quadrant. The history of the case was rather obscure, but mention was made of blood stained feces. There was a sense of pressure in the region of the tumor, this pressure apparently being directed upward, causing some difficulty in respiration. The question to be determined in diagnosis was whether the tumor was an enlarged gallbladder, a pancreatic cyst, or a cystic tumor of the liver. The latter diagnosis was made and the abdomen opened, revealing a large tumor of the liver, cystic in type, which was opened and drained. The patient died within a short time after the operation and an autopsy was performed. The pathologic findings were interesting, showing the tumor to have been a hydatid cyst of the liver. The peritoneum was clean and there were no signs of infection elsewhere. The pathologic report of the case will be made at a later date. There was no trace of the presence of hooklets in the urine prior to operation.

UNIVERSITY ATHLETICS.

Dr. Burton T. Simpson read a paper before the faculties of the departments of medicine, law, pharmacy and dentistry at the university building on Saturday afternoon, December 17, 1904, on athletics. The paper was entitled "Consideration of the advisability of athletics in professional colleges with special reference to the University of Buffalo." Over a hundred invitations had been sent out for the meeting and nearly fifty were present when Dr. Simpson began his paper, which was most interesting and showed a large amount of work in the preparation of statistics as well as in the presentation of facts and argument. It was fully discussed by members of the several faculties and will be published in a future edition of the Journal, together with an abstract of the discussion.

CLINICAL REPORTS.

Peritoneal Adhesions. Appendicitis. Fracture of Humerus. Septicemia.[1]

By ROBERT T. MORRIS, M. D., New York.

PERITONEAL ADHESIONS. PREVENTION OF RECURRENCE.

CASE I.—Four years ago this young woman was operated upon for appendicitis. I judge from her description that the case was one with abscess. Since her recovery from the acute disturbance, she has suffered from persistent pain and occasional attacks of tenderness in the abdominal region. This is characteristic of the disturbance caused by peritoneal adhesions. There are other features belonging to the condition, for example, intestinal fermentation, dysmenorrhea, and spinal irritation, but if we make too elaborate a classification of symptoms we are apt to speculate upon a more elaborate diagnosis, and to let slip the bull's eye symptoms that are to be held up as the target for our efforts—namely, pain in the abdomen of persistent character, and occasional attacks of abdominal tenderness, following an attack of peritonitis.

Was the operation in any way responsible for the chronic invalidism? That we cannot say, for we do not know whether gauze packing was employed or not. Inflammatory destruction of peritoneal endothelium is sufficient to cause chronic adhesion disturbances. The method of using gauze packing which was

1. Notes from a clinic at the New York Post Graduate Medical School, December 2, 1904.

in vogue for some years, and which is still used by some surgeons in septic abdominal work, is also responsible for many abdominal adhesions, because the gauze as a foreign body causes the peritoneum to throw out much protecting lymph.

The abdomen of this patient is now opened. Adhesions bind the omentum to the uterus and to loops of bowel. There are adhesion bands between various loops of bowel. We find the stump of the appendix.

Adhesion surfaces are all separated from each other. How can we prevent reformation of adhesions? By introducing a mechanical obstacle to such readhesion. The method which we employ for this case consists in applying strips of Cargile membrane to the separated adhesion surfaces. This material is the sterilised peritoneum from the ox. It is absorbed like catgut. Meanwhile, new endothelium will have shot across the bared surfaces, and we shall have glistening peritoneum where formerly there was connective tissue adhesion.

There is a good deal of oozing from the pelvis at the site of torn adhesions. Shall we enlarge the incision and make a tedious hunt for bleeding points? That would prolong the operation, and introduce a feature of surgical severity. Shall we put in a drain to carry the blood out of the abdomen? The patient might bleed to a danger point. We will close the abdomen. Blood in the peritoneal cavity is still in circulation, because the peritoneal cavity is a lymph chamber. Lymphatics all empty into veins, and this blood, or its serum at least, will continue its round in the vascular system. Beside that, atmospheric pressure will have a tendency to lessen the oozing as soon as the abdomen is closed. If arteries were spouting it would not be safe to follow this plan of procedure, but we know that the oozing is from torn veins. In ruptured extrauterine pregnancy many a patient lives with enormous blood losses into the peritoneal cavity, where death from hemorrhage would occur if the blood escaped externally.

APPENDICITIS. PALPATION OF APPENDIX.

Case II.—This man had an attack of appendicitis in 1900 which kept him in bed for a month. He has had four subsequent attacks. Let us palpate the appendix before operation. Many physicians say that the appendix cannot be palpated under ordinary circumstances, and it is evident from observation of their efforts that they are perfectly honest in this belief. Let us try a special method. First, the ascending colon is allowed to slip out from beneath the fingers of the examining hand. That is a landmark. Follow it down to the cecum. Try to find the appendix at this point and failure will commonly result. Lift the cecum on the ends of the fingers by pressing deeply in the right direction. Still the appendix will remain hidden in many cases, although this movement brings out some appendices that cannot be felt otherwise. Now for the main trick; keep the examining fingers

where they will lift the cecum, and then with the other hand placed on the other side of the abdomen press the viscera back and forth beneath the examining fingers. That allows us to feel minutely,—almost to see with the ends of the examining fingers.

This patient's appendix is in his pelvis. The part next the cecum is soft; then comes an inch of scar tissue, and beyond this there is a mucous inclusion. The appendix is adherent so that we cannot pull it up and measure it before the abdomen is opened. At the last clinic we described one appendix as three inches long, soft and pink. The house surgeon remarked that he had reached the point where he could feel gas in the appendix, but could not feel the color. The statement was made rather inadvertently about the color in that case, and merely described the sort of appendix that we expected to find, the abdomen being opened for another sort of condition.

In this case the abdomen is opened by the incision an inch and a half long. That is merely a good standard for length, and we can make an incision a foot long later if necessary. My argument is simply this: that it is better to let the patient off easily if we are able to do so. Through the short incision we now separate firm adhesions between the appendix and the iliac vessels. We may tear the iliac vein or artery. That may make no special difference to the patient excepting that we shall have to make a longer incision for suturing the torn vessels, and there is some special risk attending the procedure. The appendix is separated from the vessels, but the ureter now appears to be so firmly adherent that it cannot be separated without injury. It is necessary to enlarge the incision. The ureter is separated with some difficulty. The appendix is removed. The mucous inclusion at the tip contains a concretion.

CLOSURE OF OVIDUCT.

Case III.—This young woman had pelvic inflammation after the birth of her last child, and has symptoms of peritoneal adhesions. We will treat those as in the first case today. Incidentally, we may repair the perineum which was torn. A horse-shoe incision is made in the perineal skin. The closed scissors are pushed into the tissues as far as the bulbo-cavernosus muscle on one side, and opened while in this position. That exposes the muscle. The step is repeated on the opposite side. The bulbo-cavernosus muscles are next approximated with catgut, and this brings together at the same time the remains of the levator ani muscles which were formerly united in the median raphé. The skin wound is sutured. Five or six minutes time will suffice for repairing most torn perineums by this method.

Adhesions about the adnexa are next separated through an abdominal incision. The patient is slight, weighing only eighty pounds. She has suffered much damage from the birth of her two children, and she and her husband do not wish to have similar

damage repeated. What can we do that is morally right? Tie a silk thread about each oviduct near the fimbriated extremity. The ligature will become encapsulated, and will close the oviduct. If the patient decides later that she wishes more children we can easily make a small abdominal incision, and a simple slitting of the closed end of the oviduct will free it again for action.

COMPOUND FRACTURE OF THE HUMERUS. SERUM PROTECTION.

Case IV.—This boy has just been run over in the street, by a heavy wagon. His right humerus is fractured at several points, the muscles of the arm are crushed and full of extravasated blood. There is an external opening of the skin through which a fragment of bone probably protruded. How shall we treat the case? If we enlarge the opening for drainage, the whole crushed area is bound to become infected, and the boy is likely to lose his arm or his life. We will take a desperate chance, based on the idea that the blood serum from the opening has been sufficiently germicidal to keep the region of the aperture sterile. The region about the aperture is prepared aseptically and we close the opening with catgut. The fracture is now transformed from a compound one into a simple one, provided that asepsis can be maintained.

This method of treatment of compound fractures was one that some of us used at Bellevue Hospital before the days of antisepsis, and we have remembered the results that were then common, through all of the later revolution in methods. At that time we did not know the reason for obtaining primary union in such cases. Now we know about the germicidal action of blood serum while it is fresh. As soon as blood serum has become a culture medium in any given case, closure of the wound is likely to be disastrous in result. I would like to have the class follow the subsequent history in this boy's case, in which we have taken what seems to some a desperate chance, but in which we have simply gone back to one of the old-fashioned methods. As one gets older himself, his respect for many of the old-fashioned ideas increases.

SEPTICEMIA. BLOOD WASHING.

Case V.—The next patient is a young woman who had osteomyelitis of the tibia. Last week we followed the classical plan of removing the diaphysis of the tibia, and leaving the periosteum, which was expected to renew the tibia as perfectly as a severed newt's tail is renewed. The patient now has a temperature ranging above 105° F. Osteomyelitis is sometimes a purely streptococcus invasion of the cancellous structure of a long bone. Sometimes it is a purely bacillus tuberculosis invasion. Often it is a tuberculosis invasion, with streptococcus involvement as a terminal infection. The latter was apparently the case in the present instance, and I do not know whether the disturbance

following the operation is due to septicemia, or to acute general tuberculosis. The blood examination at this early moment does not give us a decision in the matter, but something must be done. We shall wash toxins out of the blood. This is done by distending the bloodvessels with normal saline solution, so that the emunctories are called into quick action, and toxins are thrown out along with the excess of water. It is important in a case of this sort to remember that the nine-tenths of 1 per cent. solution is to be used. That is isotonic for human blood. The six-tenths of 1 per cent. salt solution is isotonic for frog's blood and might cause some solution of hemoglobin if used here.

We inject 2,000 cubic centimeters of the salt solution into one of the veins of the arm. In a few hours time this patient's temperature will probably have dropped several degrees. Blood washing not only removes toxins, but there is excited at the same time a protective hyperleucocytosis. Many a case of septicemia is instantly turned from one of grave danger into one of convalescence by a single injection of this sort, although it is necessary to remove the focus of infection to prevent recurrence of the toxemia as a rule.

In this case we cannot well remove the focus of infection without amputating the leg. That will be left for a last resort. An indication for amputation of the leg would be the development of a colliquative diarrhea. We may have to amputate for other evidences of a grave condition, but the development of colliquative diarrhea is commonly the signal for immediate action on our part when the question of amputation is on the tapis.

NOTE—Made after the lapse of twelve days—Primary union in cases I., III., and IV. Primary union except at small drain opening in case II. Symptoms of acute general tuberculosis became marked in Case V., and patient died from the meningeal feature.

616 MADISON AVENUE.

Reflex Symptoms Consequent Upon Ptosis of Kidney.—Operation.

BY L. G. HANLEY, M. D., Buffalo, N. Y.,
Buffalo Hospital Sisters of Charity.

MRS. G., age, 46; family history—mother and father alive and well: two sisters died when children; one brother dead, cause, rheumatism; five other members of family alive and well. Personal history: patient had measles and whooping-cough when a child; had malarial fever about eighteen years ago; menstrual periods, normal in character until five years ago, when she suffered from dysmenorrhea and also profuse menorrhagia, which

has continued for five years; never pregnant; for about sixteen years has complained of periodical gastralgia, at which times she suffered from distention of gas in the bowels, pyrosis, and considerable pain in epigastric region. All these symptoms were somewhat relieved by vomiting, which was induced by herself.

She has been subject to attacks of dizziness resembling vertigo, with some suppression of urine at these times. The most severe attack of gastralgia occurred five years ago, when she was confined to her bed for several months. Several physicians of repute made a diagnosis of gastric ulcer at this time. She became greatly emaciated until she was reduced to 90 pounds. A tumor in the abdomen was discovered, which proved to be a movable kidney of extreme degree. The patient has had for the last few years, at several intervals, symptoms similar to those described; she has worn a bandage and says, "she always found great relief when her kidney came down by pushing it back into place." She could, when she so desired, push her kidney to the lower part of the abdomen and back again.

Present illness: November, 1904, she was seized with severe pain in her back and abdomen, vomiting, frequent and scanty urination, and experienced great distress in trying to replace kidney. Examination of the stomach contents showed normal digestion and absence of blood. Vomiting persisted for one week, resisting all treatment. These symptoms, it was thought, might be relieved by surgical intervention, therefore operation was advised and the patient removed to hospital. Catheterisation of either kidney showed the urine to be normal in quality from each ureter; also further examination revealed the presence of subperitoneal fibroids with retroverted uterus.

On opening the abdomen two myomata of the size of small oranges were removed and the uterus was anchored to anterior abdominal wall, Hanley's method of ventral fixation being employed. Another incision was made through the quadratus lumborum and a kidney measuring 6½ inches in length, 3½ inches in width, and 2 inches in thickness was drawn into the opening. On account of the size of the kidney, the emaciated condition of patient and the small amount of perinephritic fat a nephrectomy instead of a nephropexy was performed.

From November 8 to December 14, she did not vomit; she takes ordinary diet and has gained in weight; whereas, formerly the stomach would retain no food and she was sustained by nutrient enemata. She suffers no pain and feels perfectly well. It seems apparent that her condition was due to extreme ptosis of the kidney.

Intestinal Colic and Peritonitis.—A very bad intestinal colic may simulate an attack of peritonitis. In the first you can move the abdominal wall over the intestinal mass, whereas in the second the wall is rigid.—*Practical Medicine*, Delhi, India.

SOCIETY PROCEEDINGS.

Medical Association of Central New York.

MINUTES of the thirty-seventh annual meeting of the Medical Association of Central New York, held in Star Hall, Masonic Temple, Rochester, N. Y., October 18, 1904, reported by Charles A. Greenleaf, M.D., secretary; Dr. Charles A. Van Der Beek, president.

The president, Dr. Charles A. Van Der Beek, took the chair and called for the report of the secretary. The secretary stated that heretofore this report has been printed in the transactions, and it has been customary in the past to omit it. For that reason he moved that the reading of the secretary's report be omitted. Carried.

The next order of business was the appointment of committees, which the president appointed as follows: on entertainment: C. A. Greenleaf, Rochester; C. A. Huber, Rochester: Wm. M. Brown, Brighton; on reception: E. B. Angell, Rochester; John O. Roe, Rochester; J. W. Magill, Rochester; on credentials: A. L. Benedict, Buffalo; J. Pope Delaney, Geneva; F. H. Stephenson, Syracuse; on business: William B. Jones, Rochester; Sargent F. Snow, Syracuse; Charles E. Congdon, Buffalo; on ethics: A. H. Brown, Auburn; Floyd S. Crego, Buffalo; William A. Howe, Phelps; on publication: William C. Krauss, Buffalo; the secretary; the treasurer.

The report of the treasurer, Dr. C. M. Brown, was then presented as follows:

1903.	DR.	
Sept. 22	To cash on hand	$242.97
	Dues collected during the year	226.00
		$468.97

1903.	CR. DISBURSEMENTS.	
Sept. 22	W. C. Krauss	$ 3.00
Sept. 22	C. A. Greenleaf, salary	10.00
Oct. 10	F. W. Parkhurst, stenographer	32.23
Oct. 10	Gillies Litho. Co.	9.50
Oct. 15	Gillies Litho. Co.	25.00
Dec. 24	C. A. Greenleaf	3.80
1904.		
April 4	C. A. Greenleaf	15.00
Aug. 25	A. T. Brown Co.	79.90
Sept. 12	Gillies Litho. Co.	4.85
Oct. 17	Envelopes, postage, exchange, etc.	14.37
		$197.65
Oct. 18, 1904	Balance on hand	$271 32

The report was received and ordered to be placed on file.

The report of the committee on credentials was deferred until afternoon.

The committee on the revision of the constitution and by-laws was not ready to report, and that report also was deferred to a later hour in the meeting.

The president's address was then given by Dr. Charles A. Van Der Beek. (See p. 275, December issue of the JOURNAL.)

Dr. FRANK H. STEPHENSON read a paper entitled, Toxemia and infections as causes of insanity. (See p. 362.)

AFTERNOON SESSION.

The president: The first order of business is the election of officers, and I appoint Dr. Loveland, of Syracuse; Dr. Howe, of Ontario, and Dr. McDowell, of Rochester, as tellers. A full list of officers is to be elected this year: a president, two vice-presidents, secretary, and a treasurer, and the first in order is the president.

Dr. HENRY L. ELSNER, Syracuse: The meeting today is one which must emphasise the fact that the Central Medical Association has become an important factor in medical education in the state of New York. Comprised, as its membership is, of those who belong to many county societies, made up as it, therefore, must be of men who stand for much in the profession, wielding, as this association does, an enormous influence for good throughout the central, southern and western parts of the state, it is incumbent upon us to elect as its president a man who typifies everything which is ennobling in the medical profession; a man who, when he occupies the chair, will stand for something; a man who has done good work within the ranks, one whose name is known beyond the limits of the counties which go to make up the membership of this association. The present vice-president of this association is such a man, a man who has done thorough and original work in the profession, one whose name is known beyond the borders of New York state; indeed, is recognised as authority on internal medicine. It gives me the greatest pleasure, therefore, to put in nomination for president, Dr. Charles G. Stockton, of Buffalo, and I sincerely trust he will receive the unanimous support of the association.

Dr. F. S. CREGO, Buffalo: I desire to second the nomination of Dr. Stockton. I had intended to nominate him, but Dr. Elsner forestalled me. However, I concur in all that Dr. Elsner has said. I am Dr. Stockton's near neighbor and see a great deal of him in

hospital and other professional work. He is in every way worthy of the enconiums pronounced, and I trust he will receive a unanimous vote.

Dr. Edward B. Angell, Rochester: I move that the secretary be instructed to cast one ballot for Dr. Stockton for president for the coming year. Carried; whereupon the secretary complied with the order, and the president declared Dr. Stockton duly elected.

Dr. J. C. Shoudy, Syracuse, in an appropriate speech nominated Dr. D. M. Totman, of Syracuse, for first vice-president.

Dr. Nathan Jacobson, Syracuse, presented the name of Dr. F. H. Stephenson, of Syracuse, for the position of first vice-president.

Dr. F. H. Flaherty, Syracuse, seconded the nomination of Dr. Totman.

Dr. Edward B. Angell seconded the nomination of Dr. Stephenson.

Dr. Crego also seconded the nomination of Dr. Stephenson.

A ballot was then taken and the vote resulted as follows: Stephenson, 21, Totman, 51; whereupon the president declared Dr. Totman duly elected first vice-president.

The president then called for nominations for second vice-president and Dr. N. H. Soble, Elmira, nominated for second vice-president, Dr. Lucius A. Smith, of Palmyra. Dr. Young seconded the nomination, and, on motion, the secretary cast the ballot of the association for Dr. Smith, whereupon the president declared him duly elected.

The president next called for nominations for secretary for the term of three years. Dr. Howe placed Dr. C. A. Greenleaf in nomination, which was duly seconded.

The president was directed by vote to cast the ballot of the society for Dr. Greenleaf for secretary for the ensuing three years, and he declared Dr. Greenleaf duly elected.

The president called for nominations for treasurer.

Dr. T. O. Tait, Rochester, nominated Dr. C. M. Brown, which being seconded, the president declared the nominations closed, the secretary cast one ballot for Dr. Brown for treasurer, and the president declared him duly elected for three years.

The secretary then read the report of the committee on revision of the constitution, giving the following proposed changes:

Article 2, to read: The association shall meet annually on the third Tuesday of October, the meetings to be held in Rochester,

Buffalo, and Syracuse in rotation, and in Auburn by special invitation.

Article 3: To have Allegany, Cattaraugus, Chautauqua, Chemung, and Niagara added.

Article 8, to read: It shall be the duty of the secretary to keep an accurate record of the proceedings of the meeting of the association, to report all communications, to keep a list of the names of all members and delegates, and to send notices to members at least ten days previous to each meeting.

Article 10, to read: To "take charge of" in place of "procure."

Article 12, to read: "That may be required," in place of "it may see fit."

Article 15: To be stricken out as superfluous.

Article 16, to read: This association shall have power by vote at its regular meetings to expel any member for unprofessional conduct, or for acts derogatory to the honor and good name of the profession.

Article 19, to read: Any member of any county society may have papers read for them by delegates on whatever subject they may choose.

On motion of the treasurer a clause was added, providing for dropping members who may allow their dues to lapse for four years, after a proper hearing.

On motion of Dr. A. A. Young, Newark, the words "to Auburn by special invitation" were changed, so as to read, "any other place by special invitation."

After debate a vote was taken and the report adopted, the president announcing that the committee is continued for another year.

New members were elected as follows: F. H. Parker, Auburn; T. E. O'Brien, Auburn; W. C. McKeeby, Syracuse; I. H. Rosenthal, Rochester.

Dr. J. Henry Dowd, Buffalo, read a paper entitled, Inflammation—its control.

On motion of Dr. W. J. Herriman, Rochester, the president appointed a committee to give appropriate expression of sympathy to Dr. Louis A. Weigel, of Rochester, on account of his recent surgical misfortune. The committee, consisting of Drs. Herriman, Rose, and Totman, subsequently reported as follows:

"The officers and members of the Medical Association of Central New York, assembled in their thirty-seventh annual meeting, desire to convey to their associate member and former president, Dr. Louis A. Weigel, of Rochester, their sincere sympathy

in his recent misfortune. The loss he has sustained was received in his unselfish work in the cause of medical science, and this fact accentuates the sorrow with which his professional co-workers learned of his affliction. Let this message convey to him our very fond wishes and best hopes for the future."

(Signed) W. J. Herriman,
L. W. Rose,
D. M. Totman.

On motion of Dr. Young, the report was adopted by a rising vote. The memorial was ordered engrossed and sent to Dr. Weigel.

Dr. Frederick H. Sawers read a paper entitled, Quarantine.

Dr. Albert C. Snell, by invitation, read a paper entitled, The magnet in eye work—its use in two cases.

Dr. A. L. Benedict submitted without reading his paper entitled, A statistical study of one hundred and fifty cases of movable kidney.

The secretary from the committee on entertainment reported that the annual banquet will be held in the grill room of the Masonic Temple, at 8.30 p. m. The price of each plate for this dinner will be one dollar.

The president: The next meeting will be held the third Tuesday in October, 1905, in the city of Buffalo. I wish to thank the members of the association and our guests for the courtesy and kindness which they have shown in assisting me in conducting the affairs of this meeting. The association is now adjourned to meet next year in Buffalo.

PROGRESS IN MEDICAL SCIENCE.

Therapeutic Notes.

Conducted by NELSON W. WILSON, M. D., Buffalo, N. Y.

FOR UREMIC CONVULSIONS.

℞ Tinct. veratri viridis..... 30.00 [℥i.]

Sig.—Fifteen to twenty drops hypodermatically and repeat half-hourly a dose of ten or twelve drops as conditions indicate.—*Norwood.*

The hypodermic use of this drug certainly cannot be seriously objected to, for in this most alarming and distressing of conditions, one will do most anything. At the same time, if one uses veratrum, the intelligent use of croton oil, mixed with butter

and placed on the tongue, to melt and be swallowed reflexly if the patient is unconscious, will do wonders in aiding the elimination of the poisons which are doing the damage.

IRRITABILITY OF THE BLADDER AFTER CONFINEMENT.

℞ Salol
Tinct. hyoscyamus, of each ..... 8.00 [℥ii.]
Infusion buchu, to make ..... 180.00 [℥vi]

Mix. Dose—Teaspoonful three times a day.—*Fothergill.*

FOR MALARIA.

THE *Medical Review of Reviews* gives the following much credit for its efficiency in malaria:

℞ Quinine sulphate ..... 5.33 [gr. lxxx.]
Reduced iron ..... 2.66 [gr. xl.]
Ext. nux vomica ..... .66 [gr. x.]
Ext. belladonna ..... .26 [gr. iv.]

Mix and make into 40 pills. Dose—One pill three times a day (after meals).

A prescription which gave most excellent results in the treatment of malaria in soldiers returning from Cuba after the Spanish war, is as follows:

℞ Salicylate of cinchonidia ..... 12.00 [℥iii.]
Essence of pepsin ..... 120.00 [℥iv.]

Mix. Dose—Teaspoonful four times a day. "Shake" label.

In connection with this aloin, strychnine and belladonna tablets are given each night to regulate the bowel action. Under the cinchonidia, the plasmodia disappeared rapidly in acute cases, and even in long standing cases where large quantities of quinine had been used, a cure was effected. After the disappearance of the plasmodia from the blood, as determined by microscopy, a course of tonic treatment by the administration of nux vomica, compound tincture of cinchona and compound tincture of gentian usually completed the cure.

GLYCO-THYMOLINE IN NASAL CATARRH.—THE KRESS & OWEN BERMINGHAM NASAL DOUCHE.

ONE of the objects in the application of glyco-thymoline to the nasal cavity is to retain it in direct contact with the membrane for at least two minutes. This can be done very simply and effectively as follows: put into the douche one or two teaspoonfuls of glyco-thymoline, filling it with warm water, never using cold; then, with the index finger over the inlet control the flow, insert

the nozzle into the nostril and hold the head well back. While allowing the solution to run into the nose, breathe through the mouth; this closes up the passage into the throat and enables the person to fill the entire nasal cavity. As soon as it is full, take the douche away, pinch the nostrils together and throw the head well forward; hold the solution in the nasal cavity for a minute or two and repeat in the other nostril. Clear the head gently to avoid forcing products of inflammation into the Eustachian tubes, as the glyco-thymoline loosens all the catarrhal crusts.

Do not blow the nose until you have thoroughly cleared the nose and throat. If the catarrhal condition affects the throat, gargle with one or two teaspoonfuls of glyco-thymoline diluted with a tablespoonful or two of hot water.

ABSTRACTS.

The Effect of Collargolum on the Bacteria That Accompany the Tubercle Bacillus.

MAX BEHR,
Assistant at Koehler's Holsterhausen Sanatorium, Werden an der Ruhr, Germany.

THE extensive literature on the use of collargolum in the most varied infectious processes incited Behr to try it in mixed phthisis infection. He used the rectal method lately recommended by Loebl and simultaneously administered it by the mouth. A tablespoonful of a 1 per cent. solution was exhibited by mouth twice daily in coffee, tea or cocoa; per rectum 1 oz. of 1 per cent. solution was given daily. Defecation and a cleansing irrigation preceded every injection. Thus every patient received about 1½ grains of the silver per day.

The treatment was given to those phthisis patients in whose sputum repeated careful examination had demonstrated an abundance of streptococci and staphylococci. Koch and his followers believe that mixed infection is present in the majority of phthisis patients and that the pus producing cocci are more injurious even than the tubercle bacilli, causing the tissue destruction in the lungs; while the Leyden school considers it unimportant. Behr attacks the question from the practical standpoint, observing what effect the treatment had on the cocci.

He records 14 cases, of which 11 had phthisis in the first and 3 in the second stage. Collargolum was given for an average of 110 days. The expectoration diminished or disappeared in 10

cases; the number of cocci was decreased in 8 cases. Three patients discontinued the treatment on account of anorexia and the like. The general results, especially as shown in the increase of weight, were very satisfactory.

Behr does not agree with Loebl that 14 days is the limit of time for the enemata. In fact, in cases in which there were by-effects at first, the remedy was well borne when persisted in.

In one case of uncertain diagnosis the sputum contained enormous masses of pus cocci, and Behr was astonished at the result of four weeks' collargolum treatment. The amount of cocci greatly diminished and the general condition markedly improved. He therefore also recommends a trial of the drug in non-tubercular suppurative pulmonary processes. His observations have not been extensive enough to enable him to affirm with certainty that it combats the tuberculosis itself; but it does influence the pus organisms that so often accompany the tubercle bacilli.

Beta-Eucain versus Cocain.

Otto Simon, first assistant in Prof. Czerny's surgical clinic at Heidelberg, (*Münchener Med. Wochenschrift,* Vol. 51, No. 29, July 19, 1904,) calls renewed attention to the severe intoxication which even minute quantities of cocain may produce in predisposed individuals. In a neurasthenic aged 24, death set in in two minutes after the injection into the urethra of 1¾ drams of a 1 per cent. cocain solution. Since then Simon uses exclusively beta-eucain. It has entirely the same effect as cocain when administered in 0.6 to 0.9 per cent. saline solution at the body temperature; and in 188 anesthesias a little headache and nausea was only encountered once, when the bladder was filled with 2 2-3 ozs. of a 4 per cent. solution, which vanished immediately when the bladder was washed out.

Eucain-adrenalin is especially useful in the extirpation of subcutaneous or deep-seated tumors, lipomata, mammary adenomata and strumous lymphatic glands, for excision of tumors, cancers and angiomata, and for minor operations around the head and face. For the extirpation of tubercular glands and for Winkelmann's hydrocele operation, it may be used alone or with adrenalin. In chronic tubercular osteitis, ganglion, for the removal of foreign bodies, for tendon suture, and in operating ingrown toenails, eucain should be used alone; and he also employed it for cystoscopies and litholapaxies.

For infiltration anesthesia he advises a warm 0.5 per cent to 1 per cent. eucain solution with 0.6 per cent. to 9 per cent. sodium

chloride and 1:20,000 to 1:30,000 adrenalin. Adrenalin strengthens the eucain anesthesia and has no undesirable effect in these dilutions. Where applicable, Oberst's method, with 1 per cent. beta-eucain, is preferable to simple eucain infiltration and even to eucain-adrenalin.

A Substitute for Rubber Gloves in Surgery.

Dr. Frederick Holme Wiggin, of New York, said at the New York State Medical Association, 21st annual meeting, October 17, 1904, (*Medical Record*, October 22, 1904,) there were a great many annoying features connected with the use of rubber gloves in operative work. Attention was called to a substitute which has given him the greatest satisfaction. In the hospital the following was prepared: 49½ ozs. alcohol (96 per cent), 49½ ozs. ether, ½ oz. celloidin and 1 oz. castor oil. The hands of the operator were sterilised and then dipped in this solution. This gave a thick, firm, dry, elastic coating that did not crack and was not soluble in water or ordinary alcohol. It could be removed by washing in equal parts of alcohol and ether.

TOPICS OF PUBLIC INTEREST.

The Optometry Campaign is Opened Again.—Opticians Early Take the War Path.—Stirring Address of Chairman Van Fleet.

To the Medical Profession of the State of New York:

During the legislative session of 1904, a society of opticians, known as The Optical Society of the State of New York, petitioned the legislature to enact a law, creating a state board of examiners in optometry. Before this board would appear all persons who desired to practise optometry, which practice was defined in the bill to be enacted as "the employment of any means other than the use of drugs for the measurement of the powers of vision and the adaptation of lenses for the aid thereof." The Medical Society of the State of New York opposed this bill, and with the aid of other organisations, especially the county medical societies and the Optical League (an organisation of opticians, doing a legitimate business), secured its defeat.

Since the last election, this optical society has been forwarding to physicians in all parts of the state as well as to the members-elect of the next legislature, a document, giving reasons

why a law of this kind should be enacted, and asking their endorsement.

At the time of the hearing on the optometry bill before the legislative committees of last year, the opticians presented a long list of names of physicians who had endorsed their efforts. The undersigned communicated with every name on that list, and learned that where reputable physicians had endorsed the measure it was through a misapprehension of the real purpose of the bill; and when its true character was pointed out to them, they not only withdrew their endorsements but in many cases wrote vigorous letters in opposition to it. Many of the names were fictitious, the communications sent to the addresses given being returned, marked "not found." A large number were the names of irregular practitioners, such as osteopaths, spiritualists, and the like. There is no doubt that the object of the opticians in presenting the present arguments is to obtain the endorsements of physicians, so that at the next legislative session these signatures can be used to offset the opposition which will be presented by the regularly organised medical bodies of the state. I, therefore, address the profession of the state, urging its members not only to refuse to endorse this and similar measures, but to make an effort to present to their representatives, both in the assembly and the senate, the true merits of the case, and urge their opposition to it.

The arguments presented by the opticians are very misleading. Their claim, of course, is that they desire to protect the community from incompetent people, but the fact is (as every well-informed physician must know) that they are all incompetent. They seek to create a separate profession. This they deny, but in their remarks before the legislative committees they continually used the expression "our profession." They seek the legal right, not only to apply lenses for the correction of defective vision which may or may not be due to errors of refraction, but they also seek to treat headaches, dizziness and the various other reflex phenomena which may be due to affections of the eye itself, or to affections of organs remote from the eye. They pose as being competent to make a differential diagnosis. To prepare physicians to do this work the law requires certain preliminary qualifications, a four years' course in a medical college, and a medical examination conducted by the state. Physicians themselves find that even after this preparation it is often difficult to be sure of their ground; and, if this is so, there seems to be no good reasons why opticians should be allowed to undertake the same work with any less preparation.

It seems unnecessary at this time to go into an extended argument in opposition to this bill. The effort to secure its enact-

ment is not an honest one. Opticians know that they are violating the law in following the occupation which they are now engaged in, and they say that if their bill is enacted it will not give them any more powers than they now possess, while the fact is the enactment of the bill will give them the legal right to do what they are now doing in violation of the law. They really desire to use the legislature as a tool to put them beyond the grasp of the law; and if this is once clearly brought to the attention of our assemblymen and senators, there is no doubt what the outcome will be. We have met this and similar efforts more than once in the past, and there is no doubt that we shall meet many more such in years to come; but, from our experience, we feel justified in making the assertion that if the medical profession will present a united opposition to measures of this kind, they never will be enacted into laws in the state of New York.

FRANK VAN FLEET, M.D.,
Chairman of the Committee on Legislation of the
Medical Society of the State of New York.

NEW YORK, November 23, 1904.
60 E. Seventy-seventh St.

Death From Christian Science.

[From *Medical Age*, December 10, 1904.]

A CIRCULAR recently issued by the Michigan State Board of Health says that an item has been going the rounds of the press relative to the death of William Taylor, a child, at Port Huron, alleging that "the parents believe that his death was caused by vaccination." An official report, however, to the secretary of the state board of health clearly proves that the alleged belief had no foundation in fact. The report says that a short time after vaccination the child was taken sick with bowel trouble and had no medical attendance, the parents being christian scientists. After the death of the child the coroner called in a reputable physician, who found that the vaccinated arm, aside from a small scar, was exactly the same as the other, and showed no signs of having been inflamed. The physician and coroner came to the conclusion that the child had died of enterocolitis. It appears that the parents belong to a sect whose members do not believe in vaccination nor in employing a physician, and undoubtedly would have been pleased to have had the death recorded as due to vaccination, especially as there is a suspicion as to the effect of the lack of proper medical attendance for the relief of the inflammation of the bowels.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor: 284 FRANKLIN ST., BUFFALO, N. Y.

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Prevention of Pulmonary Tuberculosis.

ON FORMER occasions, when opportunity presented, we have discussed in these columns the tuberculosis problem in its various phases and from several viewpoints. If we return to it again it is because the subject is an important one and, moreover, because it is yet far from solution. It is quite true that progress has been made in a number of directions during the last ten years, but so much remains to be done, not only with reference to the cure of tubercular disease but, even more importantly, concerning its prevention, that the work looks still like a most formidable undertaking.

In spite, however, of discouragements that manifestly seem great, the medical profession must not look backward, but continue to put up its strongest and most intelligent fight against such a subtle and destructive enemy as tuberculosis. Some of these attacks must be made in one direction and some in another, but all must have one purpose in view as a foundation principle—namely, the education of every intelligent person unfamiliar with the prevention of infectious disease. To teach the habit of personal cleanliness should become the cheerful duty of every physician; to teach the practice of municipal cleanliness should be made part of the legal duty of every public health official, and the law relating to this point should be lived up to—even enforced if need be—as to both letter and spirit.

The question of enforcing municipal cleanliness is, perhaps, the most difficult of all measures relating to the whole problem. The tendency of the rural population to congregate in cities is ever increasing; and as the cities grow in size, becoming constantly more and more congested, the difficulties that stand in the way of enforcing sanitary laws are enhanced in a four fold degree. A moment's reflection will make the reason for this

plain. In rural districts and smaller villages whence much of the city population is derived, there is little or no attention paid to minor questions of cleanliness. For example, in the country almost every lad acquires the spitting habit which, in itself, may do little harm in the environment of the farmhouse and village blacksmith shop; but when these young persons having removed to the city continue to practise the indecent habit, the question becomes a serious one and the utmost vigilance and stringency are required to overcome it.

In the propagation of tuberculosis there is no more active agent than the person given over to the spitting habit. The reasons for this have been stated over and again, hence need not be repeated here. It is the habit, itself, that we are dealing with in particular at this time. It is more than likely that if this vicious and vile habit could be suppressed in toto, the deaths from tuberculosis would decrease 50 per cent. within ten years. Think, for a moment, what that would mean in the city of Buffalo alone! Think, again, what it would mean in the state of New York!

The reputation which Buffalo bears for cleanliness has been acquired through a general attention to the grosser details, such as street sweeping and frequent removal of garbage, but as yet our ordinances are silent on the subject of spitting on the streets. It is true that in street cars and public places the practice would be prohibited if the ordinances were enforced; and while this makes for something in the right direction, it has not one jot of the importance that suppression of street spitting would entail.

We are prompted to these remarks by a close observation of the sidewalks in the principal streets of Buffalo, extending over a period of more than a year. Let anyone who feels inclined to investigate this subject take a walk along the shopping district of Main street any afternoon when there is no snow,—and this means particularly in the spring, summer and autumn seasons,—and he will be astonished at the spectacle. Men in almost countless numbers are bespitting the streets, and women are wiping it over with their skirts, while the sun and wind are licking it up and converting it into atmospheric particles most convenient for respiration and which, peradventure, in not a few instances, are most fatal in their effects.

It may be stated as a general proposition that no well bred gentleman will spit upon the sidewalk; and yet the writer, during his long period of observation, has rarely seen a pedestrian go to the curb to relieve his salivary reservoir. In a great many cities smaller than Buffalo, ordinances impose a fine for spitting on the sidewalk, and it is high time that something were done in Buffalo to suppress this vile and dangerous practice. It is an

abomination against the laws of common decency, and it is a suicidal infraction against what should be a fundamental law of municipal sanitation. Members of the municipal league, physicians and good citizens in general ought to be prevailed upon to unite in an effort to put an end to this tragic violation of the commonest principles of decency and health. Until it is done other measures looking to the prevention of the spread of tuberculosis will fail of their purpose in a very large degree, if they are not rendered entirely futile.

Professor Robert Koch, of Berlin, started for South Africa December 17, 1904, to engage in further scientific investigation of rinderpest and other animal diseases. His last trip, devoted to the discovery of remedies for these diseases, was in behalf of the British government. In the course of the professor's investigations some theoretical and scientific problems arose which he did not have time to solve. The present trip will be devoted to the study of these problems.

N. B.—Professor Koch has nothing to do with the so-called koch lung cure deceptions, one of which lately went out of commission in Buffalo.

Messrs. Fairchild Brothers & Foster, of New York, in appreciation of the friendly relations which have existed for many years between them and the pharmacists of the United Kingdom, have established the Fairchild scholarship of the value of fifty pounds annually and various consolation prizes of five pounds each, to be awarded on competitive examination to candidates entering in England, Ireland, Scotland, and Wales, who are registered students of pharmacy. The details governing the awards will be supplied by the founders on application, or by Mr. A. E. Holden, Bath House, 57-60 Holborn Viaduct, London, E. C. This is a manifestation of wise liberality on the part of this celebrated house and cannot fail to be appreciated by those whom it is intended to benefit.

As if this region of the state were not already amply supplied, not to say infested, with an adequate number of medicinal fakirs, such as "lung curers," Christian science fanatics, and advertising legerdemainists, a new healer is announced as having appeared at Dunkirk. This is the way, according to a "special" to the *Buffalo Express*, in which he made his advent:

* * * who boasts long hair and a longer beard, blew into town today with a game to work healing under the name of Schlatter.

He has a good press agent, who claims the man had been offered $5,000,000 by a famous rich woman to marry her. He refused on the ground that the rich cannot enter heaven. Another rich woman bid $1,000,000 for his hand, but he could not consider that offer in view of the stand he had taken. The stranger has hired a hall and proposes to begin on Sunday the healing of the sick free of charge.

We quite approve this marrying scheme, and suggest it to some of the Buffalo "deceivers" who may be running short of "scare head" items.

THE conviction of Anton J. Weichers, the "boy wonder" (aged forty years) which was obtained in the Supreme Court of Buffalo nearly two years ago has remained in abeyance pending a decision by the higher courts. The conviction, it will be remembered, was for conspiracy to defraud in pretending to cure disease without the slightest qualifications as required by law. The Court of Appeals has affirmed the conviction, and the remainder of the sentence must be served out in the penitentiary.

PURE milk is, next to pure water, the most important desideratum in a large city. We note with interest that the Medical Society of the County of New York, the Dairy Division of the United States Department of Agriculture, the Milk Commission and the Board of Health of New York, have combined in a movement to provide a guaranteed milk supply.

This milk is not to be sold in bulk, but only in sealed bottles. Every bottle will have a cap on which will be stamped: "Certified by the Commission of the Medical Society of the County of New York." These caps will be issued under the authority of the medical society direct to the producers or dealers. By this means any adulteration or lack of quality in the milk can be traced at once to the producer.

It would be well if a similar system were adopted in relation to the milk supply of Buffalo. We commend the subject as worthy the attention of the Medical Society of the County of Erie.

ATTENTION is invited to the address to the medical profession of the chairman of the legislative committee of the Medical Society of the State of New York, Dr. Frank Van Fleet, on the optometry campaign which the mechanical opticians are getting ready to wage with the next legislature, published under Topics of Public Interest. It is only necessary to be forewarned to be forearmed.

PERSONAL.

Dr. James Wright Putnam, of Buffalo, sailed from Baltimore, December 28, 1904, on the steamer Athos, bound for Panama, where he will attend the Fourth Pan-American Medical Congress. He will also attend the meeting of the American Public Health Association the following week at Havana. He is accompanied by Mrs. Putnam, and will be absent from home about four weeks. Dr. Putnam will read a paper at the Panama congress entitled, Paranoia as related to homicide.

Dr. F. M. Gipple, of Bomansville, near Buffalo, sustained the loss of his residence and barns by fire November 26, 1904. The fire occurred about 3 o'clock in the morning, affording the doctor and his family scant opportunity to escape. His wife and four daughters, however, were unharmed, but Dr. Gipple, himself, sustained severe burns of the hands and feet while rescuing his family.

Dr. A. W. Jayne, of North Tonawanda, N. Y., has been appointed health physician of that city to fill the term made vacant by the removal of his predecessor, Dr. Leonhardt, to Porto Rico.

Dr. Frank P. Foster, editor of the *New York Medical Journal*, and who, by the retirement of Dr. George F. Shrady from the editorial field, became the dean of the medical editorial corps in the United States, celebrated the twenty-fifth anniversary of his editorship of the *New York Medical Journal*, December 31, 1904. One of the special features of the day was a luncheon given to Dr. Foster at the Hardware Club, where many of his professional and other friends assembled to do honor to the guest and to accentuate the interesting occasion by clever speech and witty story.

Dr. Charles H. North, formerly of Buffalo and a graduate of the University of Buffalo in 1898, has been promoted from assistant physician to superintendent of the Dannemora state hospital.

Dr. Charles E. Congdon, of Buffalo, who has been afflicted with gallstone disease for some time, manifested by recurrent attacks of biliary colic, was operated upon by Dr. Joseph Price, of Philadelphia, December 5, 1904, at Dr. Congdon's hospital. He is now convalescent and soon expects to resume his professional work.

Dr. Walter D. Greene, health commissioner of Buffalo, attended the fourth annual convention of sanitary officers of the state of

New York, which was held recently at Albany. The meeting was attended by about 250 public health officials, before whom Dr. Greene read a paper entitled, Legal methods and forms of procedure in sanitary work.

Dr. Edwin Ricketts, of Cincinnati, was recently operated upon at the Good Samaritan Annex for umbilical hernia by Dr. Charles A. L. Reed, of that city. His convalescence was prompt and his recovery complete.

Dr. George W. Crile, of Cleveland, was entertained at dinner by Dr. Roswell Park, Tuesday evening, December 6, 1904. Dr. Crile read a paper the same evening before the section on surgery of the Buffalo academy of medicine entitled, Prevention and treatment of shock and hemorrhage in surgical practice.

OBITUARY.

Dr. Mordecai Price, Philadelphia.

The tragic death of this distinguished surgeon, brief notice of which was made in the Journal for December, 1904, occurred October 29, 1904. It appears that Dr. Price early in the previous evening made an operation for appendicitis, assisted by his son-in-law, Dr. J. C. Deal, and by Dr. W. K. Shea. Dr. Deal walked home with his father-in-law, remaining with him a few moments and then went to his own home, leaving Dr. Price apparently in good health. Early next morning the housemaid discovered his dead body lying on the floor of his office, still clad in his overcoat, his hand grasping an instrument case. It was apparent that he sat down in a chair and was seized with apoplexy, fell on the floor and soon afterward expired.

It is difficult to conceive of a nearer approach to an ideal death than that which befell Mordecai Price. After performing an operation of emergency to save the life of a fellow-being, the great surgeon walked into his office, sat down among his books and instruments and amidst their quiet environment breathed out his life.

Mordecai Price was born in Rockingham County, Va., in 1844. At the age of 14 years he lost a leg through a machine accident, which confined him in a hospital for 14 months, the greater portion of the time being spent in bed. During this time he became deft with the crochet needle, one of his creations commanding a remarkable price. While still a lad he came to Phila-

delphia, receiving his preliminary education at Kennett Square, Pa., and St. Edward's Institute, New York. Soon after completing his academic studies he entered the medical school of the University of Pennsylvania, from which he graduated in 1869.

Dr. Price began the practice of his profession at once in the city of Philadelphia and continued to be engaged therein without interruption, with a single exception, until his death. About six years ago he suffered an attack of typhoid fever with prolonged sequelæ, including suppurative pleuritis, for which he sustained resection of a rib, recovery being complete. This was the only break in his long continued and unusually successful practice.

Early in his professional career Dr. Price manifested a predilection for surgery and soon found himself entirely absorbed with surgical practice. Meanwhile, a younger brother, Dr. Joseph Price, having been his pupil, graduated in medicine and the two brothers became associated in the active practice of surgery, paying particular attention to the abdominal and pelvic cavities. It was an interesting picture to see these two brothers, always affectionately attached to each other, on either side of the operating table solving the most difficult problems of abdominal and pelvic surgery with scarcely a word spoken between them, each knowing the desire of the other, and each playing the part alternately of principal and assistant as became the circumstances. Of late years the Price brothers have been in close relationship in the management of one of the largest and most successfully conducted private hospitals in any of the Atlantic coast cities.

Dr. Price was twice married, first to Miss Fanny Remington of Philadelphia and, after her death, second to Miss Margaret Ryan of Baltimore. He is survived by three daughters, two of whom married physicians,—Dr. J. C. Beal and Dr. E. A. Shumway—and the third, Miss Lucy Price, remained at home as the head of his own household.

In his personality Dr. Price was a most lovable character; he carried the sunshine of a cheerful countenance and buoyant manner into every household where his ministrations led him; he was one of the masters of modern surgery which he practised with almost unexampled success, and he left a fame unspotted that will ever be cherished by his children and his children's children even to the fourth generation.

Dr. William E. Palmer, of Spokane, Wash., a graduate of the University of Buffalo in 1897, died November 21, 1904, aged 32 years. His death resulted from acute nephritis following an operation for appendicitis.

Dr. George W. Gillette, of Buffalo, died at his home December 17, 1904, aged 55 years. His death was sudden and due, it is alleged, to some form of disease of the heart. He was born at Cherry Creek, N. Y., in 1849, took the degree of Ph. B., at Cornell University in 1877, and graduated in medicine at the University of Buffalo in 1888. Dr. Gillette abandoned the practice of medicine some years ago and engaged in real estate business, which he pursued until his death. He is survived by his wife and one daughter.

Dr. Henry Munson Lyman, of Chicago, died at Evanston, Ill., November 21, 1904, aged 68 years. He was born in the Hawaiian Islands in 1835, and took his academic degree at Williams College in 1858. Soon afterward he entered the Harvard Medical School, graduating, however, from the College of Physicians and Surgeons, New York, in 1861. He then became an interne at Bellevue Hospital, and subsequently served as acting assistant surgeon in the army during 1862 and 1863. He located in Chicago about this time, and later became a teacher at Rush Medical College and in the Woman's Medical School, serving also at different times as a member of the medical staff of several hospitals. He became president of the Association of American Physicians and of the American Neurological Association, having attained high rank as a teacher and practitioner of medicine.

Dr. Hamilton E. Smith, of Detroit, Mich., died suddenly at his home October 8, 1904, of reputed heart failure. He was a graduate of the University of Buffalo, class of 1859, and was a native of this city, the date of his birth being January 22, 1840. His academic education was received at Victoria College, Toronto, Ont. During the civil war he served, first as assistant surgeon and later as surgeon of the 27th Infantry Michigan volunteers. After his muster out of service he located at Detroit, where he practised his profession until his death.

Dr. Smith attended the reunion of his class on commencement day, April 25, 1899. He was a tall, fine looking man, and at that time presented the appearance of robust health, with all the characteristics of longevity. In some pen pictures which the Journal gave of the meeting, we find the following:

Hamilton E. Smith, of Detroit, came down from Pingreeville and reunioned with the only other member of the class of '59, who was young enough to get out—Dr. W. W. Potter. This class reunion was a marvel of parliamentary procedure. There has for a year past been a very well-defined idea that the class of '98 was the wildest bunch of students ever taught to be self-

respecting doctors in the University of Buffalo. Dr. Smith told some stories of student days in the '50's, which made a couple of '98 men who had heard them feel that '98 wasn't the only red ink year on the university calendar. Dr. Smith and Dr. Potter, who both served as chief surgeons in the Union army during the '61-5 trouble, entertained a great many friends with stories of military surgery and experience.

Herbert William Allingham, F.R.C.S., senior assistant surgeon of Saint George's Hospital, London, died at Marseilles, November 4, 1904, aged 42 years. Mr. Allingham was surgeon to His Majesty's household, surgeon in ordinary to His Royal Highness, the Prince of Wales, honorary surgeon to King Edward VII. Hospital for Officers, and to the Osborne Home for Officers. He also held several other hospital appointments; and, besides, was lecturer on operative surgery at Saint George's Hospital. Mr. Herbert was the eldest son of Mr. William Allingham, whose treatise on diseases of the rectum has become a classic and which, in its later editions, bore the stamp of joint authorship by father and son.

Mr. Herbert Allingham at the time of his death and for some years previously bore the reputation, modestly, scientifically and justly acquired, of being one of England's most eminent surgeons. He was a teacher of great forcefulness and an author whose writings will stand in history.

Dr. Henry E. Allison, medical superintendent of the Matteawan State Hospital, died at Newburg, N. Y., November 12, 1904, of Bright's disease, aged 53 years. He received his doctorate degree from Dartmouth Medical College in 1878, and served as assistant physician at Willard Asylum, Ovid, N. Y. In 1889 he became medical superintendent of the state asylum for insane criminals at Auburn, N. Y. He was appointed a member of the commission to found a new asylum for insane criminals at Matteawan and, on its completion in 1892, the inmates of the old Auburn asylum were transferred there. Dr. Allison became medical superintendent and treasurer of the new institution, which place he held until his death.

SOCIETY MEETINGS.

The Medical Society of the State of New York will hold its ninety-ninth annual meeting at Albany, January 31, February 1 and 2, 1905, under the presidency of Dr. Hamilton D. Wey, of Elmira. The program is being prepared under the direction

of the business committee, consisting of Drs. Henry Flood, Elmira, chairman; A. E. Davis, New York, and L. H. Neuman, Albany. All who desire to participate in the scientific proceedings should address the chairman or other member of the committee.

The president of the American Medical Association, Dr. L. S. McMurtry, of Louisville, Ky., will attend the meeting and participate in the discussions.

The Buffalo Academy of Medicine held meetings during the month of December, 1904, as follows:

Section on Surgery.—Tuesday evening, December 6. Program: (*a*) Prevention and treatment of shock and hemorrhage in surgical practice, George W. Crile, Cleveland; (*b*) The value of electrical conductivity of the blood and urine in diagnosis of kidney conditions, Harvey R. Gaylord.

Section on Medicine.—Tuesday evening, December 13. Program: (*a*) The dietetic use of predigested Legume flour, particularly in infants, D. L. Edsall, Philadelphia; discussion was opened by Irving M. Snow; (*b*) The etiology and symtomatology of cerebrospinal meningitis, with report of a case, Frank W. Love; (*c*) Report of a case of meningitis, Ray H. Johnston.

Section on Pathology.—Tuesday evening, December 20. Program: (*a*) A case of tuberculosis in the domestic turkey, C. A. Bentz; (*a*) Lymphosarcoma of the intestines, (*b*) Kidneys from cases of nephritis, considered in connection with urine examinations, N. G. Russell.

The Medical Society of the County of Chautauqua held its semi-annual meeting at Dunkirk, Wednesday, December 14, 1904, under the presidency of Dr. W. J. French, Hamlet. The following program was observed:

Therapeutics, V. D. Bozovsky, Dunkirk; Typhoid fever, Joseph W. Reiger, Dunkirk; The treatment of retrodisplaced uteri, Herman E. Hayd, Buffalo; The physician and the milk supply, N. G. Richmond, Fredonia; Some foreign clinics, Charles A. Ellis, Sherman.

The Erie County Medical Association held its quarterly meeting in Buffalo at the University Club, Monday, December 12, 1904, at 8.30 p. m. The program was: I. Presentation of cases and specimens; II. History of surgery in America, Roswell Park; III. Report of some cases, Vertner Kenerson.

The Medical Society of the County of Erie will hold its eighty-fourth annual meeting at the Buffalo Public Library building, Tuesday, January 10, 1905, at 10 a. m., under the presidency of Dr. William C. Krauss, Buffalo. The title of the presidential address is, The need of a medical library in Buffalo. The remainder of the program is in course of preparation.

COLLEGE AND HOSPITAL NOTES.

The Michigan College of Medicine and Surgery is erecting a new building at the southwest corner of Second and Porter streets, Detroit, the corner stone of which was laid December 13, 1904. The Journal acknowledges the receipt of an invitation to attend the ceremonies.

The Lincoln Hospital, East 141st street and Southern Boulevard, New York, through its managers, announces that Dr. Louis Faugeres Bishop will give a series of clinical lectures on general medical diagnosis in the wards of the hospital on Wednesday afternoons, commencing December 14, 1904, at 3 o'clock. The course will be free to the medical profession.

BOOK REVIEWS.

A Textbook of Pathology. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. Octavo volume, 818 pages, with 350 illustrations. Philadelphia, New York, London: W. B. Saunders & Co. 1904. (Cloth, $5.00 net; sheep or half morocco, $6.00 net.)

A new work on pathology coming at a time when the field is already pretty well occupied, is likely to stimulate inquiry as to its necessity no less than as to its quality. In order to establish the one, it becomes requisite to make good the other. It would be a wearisome if not unprofitable task for us to make a critical or analytical statement in detail of the quality of McFarland's labors in the field of pathology, but we shall content ourselves with pointing out here and there special qualities of his textbook.

As an army partakes of the qualification of its commander, so does a book become the expression of the man behind the pen. The great Napoleon said, "In war men are nothing; a man is everything!" So, too, in medical literature books are nothing, unless the authors are capable of commanding the respect and attention of the studying and thinking portion of the medical profession. Happily, this author is such a man. Having taught

pathology and bacteriology for thirteen years and being a diligent student of the theme delineated in this treatise he commands attention at once.

It would be well, in our view, if pathology were accorded third place in the preliminary studies of the neophyte. Human anatomy, by common consent and time-honored custom, comes first; then human physiology follows; and why, will some one explain, should not the anatomy of disease—pathology—become the third topic in the order of sequence and of importance? It appears logical that such a plan should be adopted in the school curriculum, and next after pathology physiological chemistry might follow with propriety. This would endow pathology with its proper importance early in the mind of the pupil; he would learn early in his career to cultivate one of the most important topics in medicine and make it an agreeable instead of a hated study.

McFarland addresses his textbook to students of medicine in particular, hence has laid down the principals of pathology in impressive fashion, paying attention to established facts rather than to unsettled or abstruse questions. The work is partitioned into two grand divisions: (1) general, and (2) special pathology. The first section deals with disease processes common to the whole organism, such as the causes of disease, defects of development, pathology of nutrition, characteristics of cell life, progressive tissue changes, immunity, infection, and the like; while the second subdivision treats of diseased conditions in the special organs, beginning with the blood and the cardiovascular system, going on through the digestive, respiratory, nervous, and genito-urinary systems; also, intercurrently considering diseases of the skin, the glandular structures, and the motor apparatus.

The comprehensiveness of the book will become apparent from the foregoing epitome of its contents. To obviate voluminousness two kinds of type are used,—the larger for more important material, the smaller for less weighty portions of the text. Illustrations have been used with considerable freedom and discretion, some of the pictures being original, while others are borrowed from authoritative sources, all of which deserve approbation.

It world appear, after a reasonably careful examination of this treatise, that it is not overstating its merits to predict for it the approval of teachers of pathology, and that they will adopt it as a textbook in their undergraduate courses.

The Theory and Practice of Infant Feeding. With Notes on Development. By Henry Dwight Chapin, A.M., M.D., Professor of Diseases of Children at the New York Post-Graduate Medical School. Second edition, revised. Octavo, pp. 353. Illustrated. New York: William Wood & Company. 1904. (Cloth, $2.25.)

It is quite evident from an examination of this treatise that the last word has not been said concerning the feeding of infants.

The underlying principle in Chapin's investigations is that food must be adapted to the particular species according to the digestive apparatus of the animal, and that the purely chemical basis is untenable. No doubt there always will be a contention between the advocates of the standards set up between breast milk and cow's milk, but recent discoveries pertaining to the latter, will serve to increase its favor for artificially fed infants.

The revisions in this edition are considerable, some portions of it having been rewritten, so that it may be said to represent the latest thought relating to infant feeding. The illustrations in such a work necessarily are limited in extent, but those chosen by Chapin serve the excellent purpose of object lessons as pertaining to the preparation of cow's milk for purposes of artificial feeding; while, again, the reproduced photographs of infants in the various stages of development are both entertaining and instructive. Without doubt, no treatise superior to Chapin's on infant feeding has been published.

A System of Practical Surgery. By Prof. E. von Bergmann, M.D., Berlin, Prof. P. von Bruns, M.D., Tübingen, and Prof. J. von Mikulicz, M.D., Breslau. Volume V. Surgery of the Pelvis and Genitourinary Organs. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, New York, and Edward Milton Foote, M.D., Instructor in Surgery. Royal octavo, 789 pages. Illustrated. New York and Philadelphia: Lea Brothers & Company. 1904. (Price: cloth, $6.00; leather, $7.00; half-morocco, $8.50 net.)

The fifth and final volume of this excellent system of surgery fully maintains the standard set by the earlier numbers in the von Bergmann series. It is devoted to the consideration of the surgery of the pelvis and genitourinary organs, excluding the sexual organs of woman.

The surgery of the kidney, which is attracting the special attention of surgeons, is delineated with minute detail in this book, as are also the several other important surgical problems of the pelvic cavity and genitourinary system. The first section, four chapters, presents malformations and diseases of the pelvis itself; then the pelvic contents are dealt with, the next in order of sequence being a section on malformations, injuries, and diseases of the anus and rectum. The surgical management of hemorrhoids and of cancer of the rectum will attract attention, as being the commoner diseases of this region which are presented to the surgeon for relief.

The third section includes abnormalities, injuries, and diseases of the kidney and ureter; the fourth presents abnormalities, injuries, and diseases of the prostate; the fifth, malformations, injuries, and diseases of the urethra; the sixth, malformations, injuries, and diseases of the penis; the seventh and final section deals with anomalies, injuries, and diseases of the scrotum, testicle, vas deferens, and seminal vesicle.

We have never seen the subjects which are considered in the latter three sections handled with so much minute care and attention to detail as in this treatise; especially is this the case with reference to the malformations, injuries and diseases of the penis.

Throughout the entire series of volumes comprised in this work there is evidence of great care in the expression of opinions regarding technical surgical procedures to be adopted in given conditions, only those of value according to the experience of the authors being advised. The illustrations, for the most part on wood, but frequently by colored plates and reproductions, are of a high order, and deserve notice as being of practical utility. Finally, the work is the exponent of all that is best in modern surgery from the German viewpoint,—than which there is none better.

Normal Histology. By Edward K. Dunham, Ph.B., M.D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, revised and enlarged. Octavo, 334 pages, with 260 illustrations. Philadelphia and New York: Lea Brothers & Company. 1904. (Cloth, $2.75 net.)

To instruct the undergraduate student adequately in histology, it is necessary that a good book of instructions should be placed in his hands at the beginning of his studies. Such a book Dunham has constructed, which is clearly proven by the favor with which it was received in the first instance, and the further token of its excellence by being summoned so early into its third edition.

The scheme of the author was considered novel when first announced, but it has stood the test of experience. In general the plan chosen was, first, the conception of the cell as the active constituent of the tissues; second, that the elementary tissues are composed of cells and intercellular substances, their differences depending upon the proportions of those constituents; third, that the structural details of the different tissues are intimately correlated to their usefulness, function and structures being mutually dependent but being two aspects of a single arrangement; and, fourth, that the ability of tissues to perform active functions is proportional mainly to the number or size of cells entering into their structure. This scheme is further elaborated by arbitrarily dividing the activities of the cells theoretically into four groups—namely, first, the reproductive, leading to the reproduction of new cells; second, the formative, through which the structural modifications resultant in different varieties of tissue are brought about; third, the nutritive, which maintain the integrity of already formed tissues; and, fourth, the functional activities, through which the tissues serve the whole organism of which they are constituent parts.

From the foregoing, it will be seen that the author is both original and scientific, and that he has put forth a book which every student of histology should take with him into the labora-

tory, which is the proper place in which to teach this topic. The illustrations contribute to the value of the book, which is not second to any yet published on the subject of normal histology.

Lea's Series of Medical Epitomes. Nervous and Mental Diseases. A Manual for Students and Practitioners. With an Appendix on Insomnia. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital, New York. Series edited by V. C. Pedersen, M.D., Instructor in Surgery, New York Polyclinic Medical School and Hospital. Duodecimo, pp. 276, with 46 engravings. Philadelphia and New York: Lea Brothers & Company. 1904. (Price, $1.00.)

The author of this epitome of neurology has succeeded in accomplishing a most difficult task—namely, condensing the essentials of a complex topic into the narrow limits of an examination compend, while at the same time preserving the continuity of the subject. The harmonious relations of the several phases of nervous and mental disease are well preserved and the book meets the purposes for which it was prepared.

Lea's Series of Medical Epitomes. Surgery. A Manual for Students and Practitioners. By M. D'Arcy Magee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. Duodecimo, 295 pages, with 129 engravings. Series edited by V. C. Pedersen, M.D., Instructor in Surgery at the New York Polyclinic Medical School and Hospital. New York, Philadelphia: Lea Brothers & Company. 1904. (Price, $1.00.)

By and large this may be regarded as the best quiz compend of surgery that has been issued. It appears to have profited by others that have preceded it, adopting what in them was useful, rejecting such as was irrelevant, and adding to the whole whatever of importance the several authors deemed expedient.

BOOKS RECEIVED.

Diseases of the Liver, Gallbladder, and Bile Ducts. By H. D. Rolleston, A.M., M.D., (Cantab.), F.R.C.P., Physician to Saint George's Hospital, London; formerly Examiner in Medicine at the University of Durham, England. Octavo volume of 794 pages, fully illustrated, including seven colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $6.00 net.)

Normal Histology and Microscopical Anatomy. By Jeremiah S. Ferguson, M.Sc., M.D., Instructor in Normal Histology, Cornell University Medical College, New York. Octavo, pp. 758. With 462 illustrations, many in colors. New York and London: D. Appleton & Company. 1905.

A Laboratory Manual of Human Anatomy. By Lewellys F. Barker, M.B., Tor. Professor of Anatomy in the University of Chicago and Rush Medical College. Octavo, pp. 583. Illustrated. Philadelphia and London: J. B. Lippincott Company. 1904. (Price, $3.00.)

A Manual of Personal Hygiene. Proper Living upon a Physiologic Basis. By American Authors. Edited by Walter L. Pyle, A.M., M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Second edi-

tion, revised and enlarged. Duodecimo volume of 441 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Bound in silk, $1.50 net.)

Saunders's Medical Hand-Atlases. Atlas and Epitome of General Pathologic Histology. By Dr. H. Dürck, of Munich. Edited, with additions, by Ludvig Hektoen, M.D., Professor of Pathology, Rush Medical College, Chicago. With 172 colored figures on 77 lithographic plates, 36 text-cuts, many in colors, and 371 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $5.00 net.)

Diet in Health and Disease. By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhräh, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Octavo volume of 689 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net.)

Gallstones and Their Surgical Treatment. By B. G. A. Moynihan, M.S. (Lond.), F.R.C.S., Senior Assistant Surgeon to Leeds General Infirmary, England. Octavo volume of 386 pages, illustrated with text-cuts, some in colors, and nine colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net.)

Progressive Medicine, Volume VI., December, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 374 pages, illustrated. Philadelphia and New York: Lea Brothers & Co., Publishers. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

Transactions of the American Otological Society. Thirty-seventh Annual Meeting held at Atlantic City, N. J., July 11 and 12, 1904. F. L. Jack, M.D., Secretary. Published by the Society.

LITERARY AND JOURNALISTIC NOTES.

The *Annals of Surgery* for December, 1904, issues an anniversary number, commemorating the twentieth year of its publication, containing 982 pages, and is copiously illustrated. The contributors are Johannes Orth, J. William White, W. Watson Cheyne, J. Collins Warren, Frank W. Foxworthy, George Emerson Brewer, James H. Nicoll, Roberto Alessandri, Brennan Dybalt, William J. Mayo, James P. Warbasse, Charles L. Scudder, Francis J. Shepherd, Harry H. Germain, Harry Atwood Fowler, Walter B. Odiorne, Channing C. Simmons, and Francis S. Watson. It is edited by Lewis S. Pilcher, J. William White, Sir William Macewen, and W. Watson Cheyne, and is published by J. B. Lippincott Company, Philadelphia. It is the best periodical exponent of general surgery published in the English language.

The *American Journal of Nursing*, which is in the fifth year of its publication, announces that it stands at the head of a move-

ment for state registration and higher preliminary and technical education for nurses. It is published by J. B. Lippincott Company, Philadelphia.

Messrs. Lea Brothers & Company, of Philadelphia and New York, publish a general catalogue, with annual revision, of all medical, surgical, pharmaceutical, dental, and veterinary books in the English language. It is furnished gratis on application to the publishers.

ITEMS.

Messrs. Battle & Company, Saint Louis, announce that they recently issued the fourth number in a series of twelve illustrations of intestinal parasites, which they will send free to physicians on application.

The Pope Bicycle Daily Calendar for 1905 contains a memorandum leaf for every day in the year, and 365 original sayings in favor of good roads, good health, outdoor exercise, and that great vehicle of health-giving, the modern bicycle, by our most eminent living men of marked accomplishment. The calendar is free at Pope Manufacturing Company's stores or any of our readers can obtain it by sending five 2-cent stamps to Pope Manufacturing Company, Hartford, Conn., or 143 Sigel street, Chicago, Ill.

Messrs. M. J. Breitenbach Company's Physicians' Daily Memorandum, the most convenient and elaborate desk reminder that has been prepared for medical men, is issued for the year 1905. It will be furnished on application and eight cents postage.

Mr. Charles Marchand, president of the Drevet Manufacturing Company, has invented and patented a safety valve stopper which is intended to reduce bottle breakage very materially. He proposes to use flint glass containers for hydrogen peroxide and cork them with Marchand's safety valve stopper. This will reduce the danger of breakage to a minimum—as near the preventable stage as can be attained. This is a commendable improvement and will materially increase the sales of Marchand's hydrogen peroxide.

Mellin's Food Company has received the Grand Prize for Mellin's Food, which is the highest award of the World's Fair at Saint Louis.

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ORIGINAL COMMUNICATIONS.

Paranoia as It Relates to Homicide.[1]

BY JAMES WRIGHT PUTNAM, M. D.,
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THERE is no form of insanity which is of greater importance in criminal jurisprudence than paranoia. This statement is made because the paranoiac remains so often undiagnosticated until some act of violence, which results in the serious injury or death of his victim, calls the attention of medical men to his condition.

The examination of such criminals requires not only a painstaking study of the prisoner's history as it relates to his victim, but must include inquiry likewise into his heredity, his youth and, indeed, his whole life up to the time of the examination. The diagnosis of other types of insanity is comparatively easy. The recognition of paranoia is frequently extremely difficult; and oftentimes the demonstration of it to the satisfaction of public, judge, and jury is impossible even in well marked cases.

Lest I should be accused of exaggeration, I may refer to the case of Prendergast, the assassin of Carter H. Harrison, Mayor of Chicago, as recorded by H. M. Bannister. Prendergast was born in Ireland, and came to this country as a baby; his father was an inebriate, and several of his parental ancestors were insane. His mother was a strong woman, with no bad heredity that was ascertained. In early childhood he sustained a head injury by falling that made him unconscious for several hours. This was followed by more or less headache. As a boy he showed peculiarities, was very irritable, and did not care for the companionship of other boys. He went to school for a few

1. Read at the Fourth Pan-American Medical Congress, held at Panama, January 2-6, 1905.

years, and made very good progress. He became a newsboy and did quite as well as such boys generally do, but was rarely on good terms with the other boys. As he grew older he delivered daily papers on a somewhat secluded route, and did this work to the satisfaction of all. About the age of 15 he began to develop delusions of persecution; thought the other newsboys were combined against him, that they were making misrepresentations about him, and that his mother and brother were also against him and constantly trying to do him harm.

A little later, there was much agitation in the Chicago papers about the dangers of railroad grade-crossings and the necessity of stopping the loss of life by track elevation. Then Prendergast became possessed of the delusion that he was God's appointed agent to bring about this important work. To do it, he conceived the idea that he must be made the corporation counsel of Chicago. As soon as Mayor Harrison was elected he applied to him. After Hon. A. Krauss had been appointed, he called upon him and several times demanded the office as his, by right of being the Almighty's agent. At the time of the assassination he went in the early evening to the Mayor's residence and made the same demand. Being refused, he shot Mr. Harrison, and immediately thereafter went to the police station and gave himself up. At the station he was regarded as insane, and at first it was determined to send him to the Detention Hospital for the Insane. At the police station Prendergast insisted that he did it; that he was the divinely appointed agent to elevate the railroad tracks, and in order to do it properly he must be corporation counsel. The mayor refused to comply with his request, and the Lord had commanded him to remove him. He seemed sorry enough, but said he must do as the Almighty demanded. In various interviews he always admitted the killing, and always justified it by his delusions; he seemed to be very sorry that it had to be done. Upon other topics he talked as well as could be expected with his limited education, showing a good memory and emotional control. He had numerous stigmata of degeneracy. After two jury trials he was condemned and in due time hanged. No postmortem was permitted.

A definition of paranoia is essential, as it has been frequently misapplied. Paranoia, literally translated meaning "close to understanding," the term first applied by Mendel, is synonymous with the German primare verructheit, the French delire chronique a evolution systematique, and with the English terms monomania and chronic primary delusional insanity.

It is almost unanimously conceded that paranoia is nearly always due to inherited structural weakness of the nervous sys-

tem. In fact, so strongly does Berkley of Johns Hopkins believe this that he says, "For my own part I have never seen a paranoiac in whose case a full and complete history could be obtained, that did not have a hereditary history of drunkenness, of family neuroses, or actual insanity."

With this strong position some able observers disagree, notably Mendel and Magnan. They maintain that only paranoia of early development should be considered as one of the hereditary degenerative type; and that those who have reached middle life before the disease develops should be regarded as non-hereditary. The Italian school of psychiatrists generally maintain that paranoia may be primary in some subjects, and secondary in others; that when it is primary in an individual it succeeds a generalised insanity in his ancestors; when it is secondary the insanity is confined to one individual. (Regis.)

American psychiatrists generally are committed to the view that paranoia is a primary psychosis founded on a hereditary basis. It may first manifest itself in middle life under the influence of various causes. These may be slight and of short duration; serious mental shocks, or simply the long continued wear and tear of life; the battle against poverty and want; the stress of society; the complications of business, domestic infelicity, and the like.

The development of paranoia in one cursed with neuropathic ancestry is gradual from earliest childhood. The future paranoiac is either above or below the average in the early accomplishments of talking, walking, or the use of hands. As the child passes into youth, physical peculiarities, which mark them from their fellows, often become apparent. Mentally, it is noted that they are either unusually seclusive, irritable, dreamy, or introspective. Although they are often studious, they seldom are exact, so that their progress in science and mathematics is less satisfactory than in art, language, and history.

When the duties and responsibilities of manhood and womanhood are assumed, their inability to resist the strain of life's discipline is manifested in various ways. If plans fail, and endeavor does not meet with success, then the suspicions of the individual against others are aroused. Self is never blamed. The patient becomes more and more under this domination, until from suspicion he passes into systematised delusions of persecution and keeps aloof from his friends, from whom he conceals his delusions.

Hallucinations of hearing usually accompany the disease. The history of the paranoiac often includes the story of wandering from place to place to avoid conspirators, and vain attempts

to escape from the persecuting voices. Other patients are not secretive. They make confidants, and tell of their persecutions and explain their strange behavior. Owing to the continuation of delusions and hallucinations for many years, about one-third of the patients pass into a stage of grandeur. This stage is marked by delusions of changed personality. Because he is chosen for some great mission, he is persecuted and the conspirators are attempting to thwart him. In this stage environment, education and natural ability have much to do with the development of various types. For example, the politician believes in his call to power, and the fact that he does not attain it is laid at the door of the wicked, unpatriotic, or unappreciative. The disappointed inventor is possessed with the delusion that the patent office is in league against him. The religious enthusiast passes into a state of religious exaltation, and believes himself called upon to redeem mankind from the fetters of sin.

During all this time the paranoiac may retain his reasoning powers to a marked degree. He may engage in his business and attend to the daily routine of life, and conversation on other topics is often well and logically sustained. Analytic power with literary ability is not uncommon, this latter being well marked in Peterson's case, the author of "The Piling of Tophet." This book is an autobiography written by a paranoiac who, previous to his admission to the hospital, had attempted suicide with a revolver, and who also had delusions that the people of the village were acting upon him by magnetism, spoke disparagingly of him, and were conspirators against his peace. Of this autobiography, extracts of which appeared in the *American Journal of Psychology*, 1889, Peterson said: "I believe no better idea of the typical form of paranoia can be obtained than by its reading."

It is a graphic picture of the steady evolution of the malady, a remarkable self-dissection of the soul's anatomy. I must deny myself the pleasure of quoting more than the preface of this manuscript. It is sufficient to illustrate the literary ability of this paranoiac at a time when he was fully under the domination of his delusions.

> This work is given to the public as a lunatic's defense of his position. Every effort I have made hitherto to come to an understanding with my fellow-men, on things which I see to proceed from them, and which give my life its whole shape, has drawn out nothing more than blank denials of all knowledge of the things I spoke of. Now, it is impossible for me to reduce my thoughts to the bounds which others have been willing to concede. The object of this little autobiography is to show the form and consistency of the thought that is in my mind.

I present my evidence to the tribunals of last resort, the public and the press, and ask them to try the case and render their verdict. Have I a right to my thought, or have I not? If not, where am I deceived? If I have, why is not mine the true thought of all men?

From my own cases in medico-legal practice I have selected two paranoiacs indicted for murder in the first degree, to illustrate the phenomena of this disease.

No. 1. A boy aged 19, of good family, without previous quarrel suddenly and without warning shot and killed a man in broad daylight, in a busy street. He was immediately seized, disarmed, and taken to jail. The boy talked freely of the shooting, and maintained that he was justified in doing so: that this man had frequently said to people that the boy was a bastard; that when he went away to a distant state and tried to obtain work at his trade it was refused him, and he knew at once the man had sent on word that the bastard was looking for a job. He went to a hotel in this strange city where two of the waitresses laughed, and he knew at once that they did so because this man who was persecuting him had told them he was a bastard. He went to sleep in his room and he could hear different voices as they passed, saying, "The bastard is in there," and could hear them speak and call his mother, the mother of the bastard.

Of course, there was no arguing with the boy that his victim did not know these people and could not possibly have informed them. He was confident he had punished justly the defamer of his mother, and that he had done right. He was angry at the thought that his lawyer should call him insane, and wished to be defended on the ground that he had done right, and that any right-minded and right-thinking man would have done as he did.

After three days of interviewing him and observations and taking testimony of his friends and neighbors, the experts for the people, Dr. Ford, of Utica, Dr. MacDonald, of New York, and the writer, reported to the District Attorney that the prisoner was insane and that the trial should not go on. A commission was appointed, the prisoner was declared insane and was sent to Mattewan, the institution for insane criminals of New York, where he has been for seven years.

The previous history of this boy was that of the average school boy. He was as good a pupil as most of his class. After leaving school he went into his father's store, learned the trade of watchmaker, and spent a large part of his time at work repairing watches. Gradually it was noticed that he withdrew from social gatherings, that he would not talk with people, and that he spent much of his time by himself. In the last year before the shooting he made two trips away from home, saying that he

did not wish to work there longer. He returned both times, saying they were against him.

In deciding that he was a paranoiac we came to the conclusion that he knew the general difference between right and wrong, and that he thoroughly understood the consequence of the act of murder; but that this particular murder he believed to be right. When he was examined by the commission and declared insane by them, he expressed himself as much disappointed; that as he had done right in killing this man he should be tried and justified. He had no fear of conviction. I have heard of him from time to time since he has been at Mattewan. His delusions are the same. The statements are often repeated, that he did right, that he was glad he did it, and would always say so.

The other case of homicide by a paranoiac was studied by me as the chairman of a lunacy commission appointed by the court. The facts were these:

No. 2. The prisoner in July last had a slight argument with his employer, and suddenly, and without warning, stabbed him to death. He also stabbed a woman who tried to interfere. After the murder he disappeared and was not heard of for five months. He then returned, and meeting one of his friends, said he had come to get a job. He was arrested and committed to jail to await trial. The fact that he returned, and his peculiar behavior in the jail, resulted in the appointment of a lunacy commission. The prisoner was of good build and appearance. He presented none of the stigmata of degeneracy. The history as given by him, and by persons who had known him was as follows: he received an ordinary common school education, but never associated much with people, because he thought they laughed at him, and did not like him. About five years ago when working for a farmer, a telephone was put into the house and his suspicions were aroused. He had little to do with his fellows, always preferring to be by himself. Suddenly he left his employer, without giving a reason other than the telephone messages. He went to Atlantic City, and from city to city along the coast down to Florida, working a short time in each place, then suddenly leaving, without any other reason than the one that the telephones bothered him.

After continually changing his place of residence, he finally returned to his native town seeking employment. In this town he was hired by a farmer, and did his work satisfactorily. He frequently complained to the housekeeper, that he did not like to have people talking about him and telephoning about him. One day after a dispute about the time of milking, he announced his intentions to leave at once, and asked for his wages. In the discussion he attacked his employer, and killed him.

To me he explained his going away as having nothing to do with the crime; that he had planned to go before; that he had

often been to Atlantic City; that he went to get work, and to get away from the people who always telephoned about him. People always seemed to know who he was and what his business was. He came back after being away five months, because he did not know the man was dead. He did not know that he was wanted. If he had been wanted, they knew by telephone just where he was all the time, and could get him at any time. So he came back and was going to work, when he was arrested.

This man knew murder was a crime, and was punishable by death. He was able to reason correctly about the gravity of his situation, and denied that he had killed his employer, but said he remembered striking him. He had thought of killing other employers and persons, just to stop the persecution by telephoning about him. He thought if he should kill some one it would be a lesson to others to stop the annoyance and the hounding. He justified himself by saying, "A man has a right to protect himself."

The more we study cases of paranoia, the more firmly must we be impressed with the dangerous possibilities of the disease. In discussing the best method of dealing with these patients we must remember that the first duty of the state is its own protection and the protection of its different communities, and that the verdict of "not guilty" because of insanity, does not mean liberty. We must remember, too, that although the idea goes forth that the insane man is not responsible for his crime, the erroneous impression is abroad that the lunatic goes "scot free." I cannot speak for every state, but certainly in the State of New York a verdict of "not guilty, because of insanity" in a case of murder is practically the same as a sentence for murder in the second degree.

The public must be educated to the fact, that the man does not get his liberty by the verdict of not guilty when rendered because of insanity; but, on the contrary, the prisoner is taken into an institution where the governor's pardon does not reach him, neither does he ever obtain release when the type of insanity is paranoia, for paranoia is chronic and incurable, tending with the lapse of years to dementia.

In reference to this question, the late Dr. Eskridge, of Colorado wrote: "If the paranoiac who commits a crime in consequence of his delusions is not responsible, what shall be done with him? Every state should have a criminal insane asylum, in which all the insane who have taken human life should be committed for the remainder of their lives. In the absence of a criminal insane asylum they should be imprisoned in a state penitentiary for the rest of their lives. This view in the most recent textbook on legal

medicine shows how unsettled is the opinion of the medical profession on this point." I, myself, can only subscribe to this doctrine of perpetual detention as it refers to the paranoiac.

525 DELAWARE AVENUE.

Essential Medication in Cardiac Diseases.[1]

BY ELI H. LONG, M. D.,
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IN THE treatment of diseases of the heart we are learning to disregard somewhat the precise pathologic distinctions and to look more to functional conditions for our indications. This is apt to be the attitude of the practitioner who, by years of experience, finds that rules of treatment based upon evident structural conditions are inefficient. The engaging study of heart pathology should not be discounted by this fact, but we should recognise that the heart in the living body cannot be studied and treated by itself, because of the complexity and the relations of the circulatory apparatus, of which it is the center. With this introductory thought, attention is first invited to a general division of cardiac cases into:

	Nature.	Type.
ENDOCARDIAL	Inflammatory	Rheumatic
MYOCARDIAL	Toxic	Pneumonic
	Degenerative	Sclerotic

We may profitably also review the drugs upon which we place most reliance, noting briefly their physiologic action:

Caffeine.—Simply increases rapidity of action. A *kinetic* stimulant.

Strychnine.—Increases irritability of nerve centers. A *potential* stimulant.

Digitalis Group.—(*a*) Increase the force of systole, (*b*) contract the volume of a dilated heart and, (*c*) in full doses and in the absence of fever, tend to lessen rapidity and tonicity of contractions by stimulation of vagus centers; contract arterioles.

Atropine.—By paralysing the cardiac ends of the vagi, allows greater rapidity of action, with possible direct stimulation of the heart. Contracts arterioles.

Nitrites.—By paralysing vagus centers, allow marked increase of rapidity of action. Dilate arterioles.

Aconite.—By stimulating vagus centers, lessens the rapidity and force of cardiac contractions.

1. Read before the Medical Section, Buffalo Academy of Medicine, October 11, 1904.

This discussion will deal only with common forms of cardiac disease and with ordinary well-known remedies. We can well afford to ignore the numerous new but uncertain drugs, for the sake of a better acquaintance with the action and application of the few older drugs, the value of which has been proven by years of experience.

To commence with the usual beginning of cardiac valvular disease, let us suppose an ordinary case of acute rheumatic endocarditis in which a cardiac murmur has developed. We have in such a patient a heart that presents a deformity superadded to an acute inflammatory process, which is likely to lead to more or less disability. The question arises at once as to heart medication and particularly as to the use or disuse of digitalis. Keeping uppermost the question whether any medication is needed, we must view the condition both from the standpoint of the acute inflammation and in the interest of the future integrity of the heart's function. If we apply the principle of rest and removal of irritation, we shall employ measures that will lessen blood pressure, tension of inflamed tissues, and friction of blood current upon orifices and valves.

Rest of a certain kind will do this but not the rest that digitalis sometimes gives; for with sufficient dosage to lessen pulse-rate perceptibly the more powerful contractions induced, by increasing the intracardiac pressure and friction, will more than outweigh the advantage of a slight reduction of rate. If any drug is indicated it will be one that has the same slowing and relaxing vagus effect that digitalis has, without the muscular stimulant effect. Such a drug is aconite. The pharmacology of recent years has taught us that aconite is our purest inhibitory stimulant and that this action is its most definite one. We may therefore expect from this drug a lessening of rapidity and force of the heart's action, brought about by stimulation of the vagus centers. It is plainly indicated when the heart is disturbed and rapid, and the valvular disability is not so great as to forbid the reduction of blood pressure.

Viewing the question further in the interest of the future, it is plain that measures that will reduce the existing inflammation will thereby tend to lessen the resulting deformity of heart structures. On the other hand, it must be insisted that a drug of the digitalis group is capable of doing harm during acute endocarditis, by increasing blood pressure and intracardiac friction upon valves and orifices already in an irritated condition.

Dismissing the factor of endocarditis, the deformity next claims attention. Regarding this, the fact has become well known that the intensity or extent of a murmur does not fur-

nish positive knowledge as to the seriousness of the lesion; and upon this fact we may base the statement that the presence of any murmur whatever does not furnish an indication for medication. A loud murmur may attend a very slight disability that requires little treatment, while serious leakages may produce murmurs of less intensity. The practice of some physicians of giving digitalis as a routine upon the discovery of a heart murmur is most unscientific and, as previously shown, may do much harm. At the same time I would add that even cases of mitral stenosis and aortic insufficiency, where digitalis is held by some to be contraindicated, may at times present conditions of the general circulation that call for its temporary use.

Another factor that calls for discrimination is the pulse rate. Recognising that an increased pulse rate may mean a nervous heart, or a weakened circulation, or simply the reaction of the heart to meet greater demands, or the influence of a higher blood temperature, as in fever, we must conclude that simple rapidity of heart action does not furnish our best indication for medication. We must always observe the condition of the circulation as a whole in order to administer intelligent treatment. We will not always be able to form a satisfactory estimate of all factors at the first examination of a patient, particularly before we have a careful analysis of the urine to determine the presence or absence of toxic elements of faulty metabolism and elimination; but it is important to ascertain as early as possible the exact available heart energy expressed in functional power, and until this has been done only emergency medication should be employed.

As a first step, the work of the heart should be reduced to a minimum by enforcing a strict recumbent posture. In cases of uncertain or evidently diminished heart power, the patient should not be allowed to rise in bed for any purpose whatever, unless orthopnea requires the sitting posture temporarily. A few days will tell us whether the heart is able to maintain efficiently a minimum circulation, that is, on a level, with the antagonism of the force of gravity entirely eliminated. The rule to be followed from this point is this: as long as the circulation is maintained on a level sufficiently to allow of the organic functions in general being carried on normally, there is no need of heart stimulation. Practically, we find that the large majority of cases of recent endocarditis can be carried on to perfect compensation by attention to proper hygiene, bathing, graduated exercises and elimination, without resort to cardiac stimulants. I would note one exception to the rule, which is where the conditions favor early dilatation that will interfere with speedy compensation. The same general

rule will apply as well to chronic older cases with broken compensation and to cases of heart strain.

The minority of cases, where the heart is incapable of doing even the minimum of work well, will soon present the picture of an efficient circulation. Let us regard these as emergency cases now, and as long as they require stimulation of the heart. It would be well also if we were to consider the digitalis group usually as emergency remedies, for it may well be argued that stimulation is needed only in emergency conditions.

The condition most evident in these cases is that of a disturbed balance between the arterial and venous sides of the circulation. Whether from disability or obstruction, the heart is unable to push the blood column onward with sufficient force to complete the return flow, and consequently we have a venous plethora. Let us note the reactionary result upon the heart, of this condition. The weakened circulation means first diminished oxygenation. An accumulation of blood in the venous side means cyanosis of the various organs concerned in general nutrition and in elimination. The lessened oxidation, faulty catabolism and deficient elimination mean a blood returned to the heart surcharged with effete matter and more or less toxic. The lungs return it only partially oxygenated, hence the coronaries receive a blood incapable of properly nourishing the heart and often positively toxic. The weak heart sends out the blood only to receive it again with its detrimental qualities increased.

Under these conditions, the disability of the heart must be progressive and the added symptoms of edema and dyspnea occur, with another condition less apparent but of greater import, that of cardiac dilatation. The meaning of the latter and its bearing upon treatment should receive greater attention in the study of heart conditions. Dilatation of the chambers of the heart is an accommodative, and, within certain limits, a normal variation; but in the kind of cases we are considering, we have a heart that is disabled but not compensated, where the stagnation of fluids in the periphery must be accompanied by over-filling of some of the internal reservoir-like spaces. The heart chambers and the aorta are called upon to accommodate the surplus. The fixed character of the disability leads to a point of actual strain of these organs, the result of which in young people is usually a stretching of the wall of the left ventricle and, to some extent, the walls of the other chambers of the heart. We should not fail to appreciate under what a great disadvantage the heart muscle is working when so stretched and with its cavity distended to such an extent that a considerable volume of blood must always remain after its contraction. It is very plain that the greater the

distention the greater the disadvantage, and this must be regarded as a serious factor in itself apart from the valvular condition or pulse rate.

We have here three indications that must be met by the aid of medicines: (*a*) the weakness of the heart, (*b*) the peripheral stagnation, and (*c*) dilatation of the left ventricle. The vicious circle which has been established must be broken in two places,—by putting more force into the circulation, and by improving the quality of the blood through active elimination; and, it may be added, the latter is not less important than the former. Indeed, the beginning of our treatment with the patient in a recumbent posture may well be the administration of a hydragogue cathartic. Jalap, in form of the resin, or compound jalap powder, is one of the most valuable agents for this purpose, being nonirritating, very prompt, and free in its results. I have come to consider the giving of this drug for a considerable time, to the extent of producing from three to six fluid stools daily, as an essential part of the treatment in these cases.

Now as to the condition of the heart, what medicines will serve us best? Remembering that we have a heart that is responsive, as shown by the increased pulse rate, but one that is pulsating feebly because of disability and the disadvantage of some distention and dilatation of the ventricles, we can make quite precise application of our drugs. Strychnine does not meet the indications to any great degree, because of the uncertainty of its direct action upon the heart muscle. The most that we can expect of it is to keep the nerve centers and the cardiac muscle in a responsive condition. For this purpose it may well be employed. Caffeine acts chiefly by increasing the rapidity of the heart action. It does not make the pulsations more efficient, but its diuretic action may at times be valuable. Its disadvantages are, (*a*) that simply increasing rapidity and not efficiency may contribute to heart fatigue without any corresponding benefit and, (*b*) its tendency to produce insomnia.

Atropine allows greater rapidity of the heart by paralysing the vagus terminals and possibly stimulates the heart directly. It causes some contraction of the arterioles and tends to raise blood pressure, but after all is said, we must admit that atropine ranks as a second rate cardiac stimulant. Drugs of the digitalis group have so long been used with good effect in these cases, that no argument is needed to establish their value. We can only seek to better understand their action and to become more skilled in suiting them to precise indications. The diuretic value of these drugs will be referred to only in the statement that this action is largely dependent upon an increased blood pressure

and is therefore secondary to, and accomplished by, their chief action. The two results to be sought in the action of these drugs is to bring the action of the heart up to the work required of it and to diminish the dilatation.

It might be questioned whether the direct stimulation of the weakened and fatigued heart muscle would be wise were it not that other advantages prevent an increase of fatigue. Digitalis in its moderate action contracts the volume of the heart by causing a more powerful contraction and slightly diminishes the pulse rate. Much has been said of the power of this drug to prolong diastole, and on that account its use has been discountenanced in certain lesions, particularly in aortic insufficiency, but we cannot forget that, given either in moderate or full dosage it causes a firmer ventricular contraction, which means a better emptying of the chamber, a longer systole and a better advantage given to the muscle, because the stretching is relieved and the bulk of blood to be propelled at each contraction is lessened. Systole may be prolonged as much as diastole with a counterbalancing of the disadvantage.

The power of digitalis to lessen the volume of the heart, thereby overcoming dilatation, must be regarded as a very important part of its action. It may even be asked whether the largest factor for good in its action is not the placing of the heart muscle at a better advantage by lessening the distention of its chambers? The result of the full action of the drug, including its vasoconstrictor action, is to raise blood pressure, the permanency of which depends very much upon our success in reducing the dilatation.

Yet our treatment not only aims at present improvement, but must have for its object complete compensation of the disability. This means a growth of the structure of the heart, which can only be brought about through securing to it a satisfactory degree of nutrition. Three points essential to this end are: adequate rest, a good blood, and a sustained arterial pressure which will supply to the coronaries their full quota for heart nutrition. All of these are aided by the judicious use of digitalis during the whole emergency period,—that is, until the heart is capable of performing its minimum work unaided.

As to the difference in action of the drugs of the digitalis group, our pharmacologists have not been able to give us any very important data. It has been believed that strophanthus causes less vasoconstriction than digitalis, but this seems now open to question, and we may say that digitalis still stands as the typical and chief one of the group, the others serving well as substitutes. A rule that relates to the use of these drugs in

cardiac diseases in general is this,—that the more nearly normal the muscular tissue of the heart is, the more we may expect from their use, while the greater the degree of degeneration the less we may expect from their use and the less are they indicated.

Our case of valvular disease once fully compensated may remain so for life or, as so frequently happens, may again present with broken compensation due to various causes. But when this occurs we are introduced to a pathology that is essentially myocardial, for we have here a hypertrophied heart muscle unequal to its task, brought to this condition either by overloading or by interference with the nutrition. The case, therefore, approaches the degenerative type. But the foregoing remarks as to medication, in aid of again securing compensation, will apply to the degree that we have a heart muscle capable of improvement. We shall give no special consideration therefore to cases of this kind, but turn our attention to the degenerative type of disease.

We recognise well enough the important relation of general nutrition to heart nutrition, to know that the two are dependent upon each other and to appreciate the great importance of an efficient capillary circulation in every organ of the body, including the heart. When cardiac degeneration actually occurs, whether fibrous or fatty, we usually have some constitutional condition present, of which the cardiac change is only one evidence or result, for the statement will apply here that degenerative disease of the heart is usually secondary, the most common antecedents being a specific endarteritis, senile degeneration and faulty metabolism. We may add that it may likewise be secondary to the endocardial or valvular disease when compensation has been lost; so that the treatment of broken compensation may need to follow not only lines heretofore considered but those that will follow.

Let us now picture our typical case of myocardial disease. We have a heart hypertrophied to some degree, but now dilated, giving, it may be, a fairly strong impulse, but the circulation is not correspondingly efficient. The heart muscle has suffered some degeneration, in consequence of which we have irregularity. The rate of pulse is variable, rapid if the heart retains its normal irritability, slow if it does not. The peripheral circulation throughout is poor, primarily because of changes in the small arteries, to which the contribution of lessened cardiac forces is soon added. The hardening of the peripheral vessels occasions a certain resistance against which the heart is working. It is this added work that has doubtless led to the earlier hypertrophy of the heart and now, with the nutrition of that organ failing, the resistance still calls for extra work. Frequently no murmur is to be heard unless

endocardial disease previously existed. In some cases, however, murmurs produced by either atheroma or dilatation of the aorta, or else caused by a relative insufficiency, may be heard.

The most essential points in this picture, in my view, are insufficient capillary circulation and degeneration of the heart structure. It would be interesting to study the relation of cause and effect in these two conditions did time permit, but it must suffice to say that, when the case is progressed to the point of showing serious cardiac symptoms, we have reached the result of years of disease in the circulation and that the time for most efficient treatment is forever past. The fate of the possessor of such a heart is well known to us and our efforts can only postpone the end. Present methods of treatment, however, do frequently prolong life for years, but it must be admitted that comparatively little of credit for this can be given to the administration of medicines. The importance of peripheral conditions, both circulatory and cellular, finds emphasis in the truly remarkable improvement that often follows the employment of the Schott bath and properly graduated exercise.

But we are chiefly concerned at this time with the influence of medication. In taking up the drugs which we are most likely to employ, we will consider, first, digitalis. Calling attention again to the two essential points, that of reduced peripheral circulation and that of heart degeneration, we find two serious objections to the use of digitalis. First, its vasoconstrictor action will tend to still further reduce the capillary circulation and increase the peripheral resistance, which will add to the work of the heart. Second, the muscular tissue of the heart has been reduced in quantity, thus presenting less tissue for the characteristic and best action of the drug. It is commonly held that this drug is contraindicated in fatty degeneration, but it is probably better to state that the less of good muscular tissue remaining in the heart, the less can we expect any good result from a drug of this class.

The two objections given might be sufficient to forbid its use were it not for two very decided indications; one is to reduce dilatation and the other to secure a better nutrition of the heart by raising arterial pressure. Much as we say about the influence of trophic nerves of the heart, the trophic influence that appeals most to our knowledge and responds most to our efforts comprises the coronary arteries well filled with blood of good quality, and this is an essential condition of improvement. Active elimination in order to improvement of the blood, is here again called for as in the acute cases. The reduction of dilatation, it seems to me, is so important a matter as to call for special effort,

provided there is still enough muscle tissue left to respond to digitalis. The heart is thus given the best possible advantage in its action and a great contribution will be made toward securing its better nutrition. The first objection, that of its peripheral influence, must be overcome, in case the drug is administered, by the combined use of vasodilators and by the employment of baths, massage, and exercise. These are the cases in which we must carefully weigh our indications and contraindications in arriving at a course of treatment.

Before passing to the consideration of other drugs, permit me to call attention to another factor which is not always of minor importance,—the pulse rate. It cannot be stated that we have a characteristic pulse rate of the degenerated heart; neither can we say that the slow pulse which is frequently seen is due to excessive inhibition. It may be due to a diminished power of reaction in the heart structure. It would seem reasonable to regard rapidity of the pulse as an index of the reactive power of the heart and to be encouraged within normal limits. A very slow pulse would present another objection to digitalis; however, I recall a case where a slow, irregular pulse became more rapid and regular under digitalis, doubtless through improvement of heart nutrition and its power of reaction. On the other hand, atropine would be well suited to a case presenting this feature By stimulating directly the heart muscle and lessening the opposing inhibitory influence, it might give us a very decided advantage. The group of nitrites, well represented by glonoin and sodium nitrite, have a similar action in that they paralyse INHIBITION, but they are superior in their peripheral effect in that they allow a free capillary circulation by dilating the arterioles. These drugs have not been proven to be direct heart stimulants. The acceleration of pulse is due to depression of the vagus and the vasodilator effect to paralysis of the muscular coat of the arterioles. Inasmuch as their action is essentially a depressant one, the propriety of their continuous use may be questioned, but as an aid to an overburdened and poorly nourished heart, they will serve us by removing peripheral resistance and permitting a freer capillary circulation. With or without digitalis, their temporary use is often of decided advantage; but, as in the case of digitalis, they would better be regarded as emergency drugs and permanency of their effects maintained by nonmedical measures. The main object to be sought always is not stimulation of the heart, but an improvement in its nutrition.

1335 MAIN STREET.

Consideration of the Advisability of Athletics in Professional Colleges, with Special Reference to the University of Buffalo.[1]

By BURTON T. SIMPSON, M. D., Buffalo, N. Y.

IN DISCUSSING this subject, my object is to state plain facts as they stand in the hope of bringing out a fair discussion of the subject, and a satisfactory solution of the problem.

I favor athletics here, but in view of the fact that our college closes so early in the spring, track athletics and baseball are out of the question; therefore I will only consider foot-ball, a game which is played in the fall, and the only form of athletics in which the University of Buffalo can participate.

Why should we have athletics in this university? This question naturally divides itself under two heads, first, the value to the university as an institution, and, second, the value to the students. It is upon these two propositions that I base my arguments.

In considering the value of athletics to the university, it will be well, first, to get some definite idea of what other colleges are doing in this direction.

There are 146 institutions of higher education represented by foot-ball teams. Of these 53 are purely technical colleges and it will interest us to know that 12 of these technical schools are medical colleges, among them some of the best in the country.

The past season Harvard University spent $80,000 to maintain athletics, and this is a fair figure for the other large institutions of her size. The University of Pennsylvania spent $25,000 for a gymnasium, and has invested $600,000 for an athletic field. I think you will agree with me that unless athletics were of decided benefit such sums would not be paid to foster sports. Not being satisfied that my conclusions upon the attitude of college officials would be convincing, I wrote to the presidents of some of the larger universities in the United States, asking for their individual opinions. Thirteen consider athletics beneficial to their institutions, while three only are negative. These figures give a higher percentage of negative replies than would be the case if I had a greater number of answers, for I find Prof. Dextar, of the University of Illinois, who has studied the question from the same standpoint, gives the percentage as 1 in 17, basing his figures upon 100 replies.

No one can deny public interest in foot-ball. One has only to look at local papers on the Sunday after a game to be convinced. The entire front page is usually given up to a description of the

1. Read before the faculties of Medicine, Law, Pharmacy and Dentistry of the University of Buffalo, December 17, 1904.

game, and usually there are photographs of the men who make-up the teams.

Let me give an illustration having local interest: a young man, who had quite a reputation in his own town as a high school foot-ball player, came to the University of Buffalo (and I might add he chose to come here because we had a foot-ball team) and entered the school of pharmacy. He played on our team, and succeeded in making the only score which won the Columbia game by a drop kick from the field. The papers of his native city, which are read by the people in the surrounding country for a radius of 25 miles, came out with a two-column article on its front page, with double head lines, to this effect: "University of Buffalo defeats Columbia University, 5-0. Carl Rice, who is studying pharmacy at the university makes the only score by a drop kick from the field."

Let us analyse the above statement: first, there is a University of Buffalo; second, it has a college of pharmacy; third, it has a foot-ball team; fourth, it is of such standing as to compete favorably with Columbia University.

What value does this have in attracting students to the university? Do they come to college to study foot-ball? Most certainly not; but whom do we get as students? I think you will agree with me that they are mostly high school graduates, at least that is what the records of the last four years show in this medical college. What is the average high school student's conception of a college? Usually, that it consists of a number of buildings, a body of students and an athletic field, where, even if he is not an athlete, he can go and cheer for the team which represents his college. This conception is formed, I think, from information derived from college men at home on their vacation, talking of the prowess of their college's athletes and athletic teams, and from newspapers.

Foot-ball is the most popular athletic sport we have. All small towns have teams, and nearly every high school in the country is represented by an eleven. I think it will surprise you somewhat, as it did me, to learn there are 57 organised teams in the City of Buffalo, which means at the lowest estimate 700 players.

That men have come to our college because we had a foot-ball team, I have letters to show, and I know of two men who went to other colleges this fall because we did not have athletics. I do not think, on the other hand, you can show me a man who went away because we did play foot-ball.

The *esprit de corps* among students and alumni is encouraged by athletics. It is a noticeable fact that the fraternal spirit of

our students is emphasised by its absence, while true university spirit is absolutely lacking. That a foot-ball game where students can cheer for a common cause, standing upon common ground, is a most potent factor in the development of a closer college and university feeling, not even the most rabid antagonist to the game can gainsay. Once we develop this spirit in the students we need not worry about the future alumni.

An extract from the report of the committee on student organisation reads as follows regarding foot-ball: "It affords the only medium from which can be developed that *esprit de corps* which is at present the greatest need of the undergraduate body."

Chas. L. McKeehan, of the University of Pennsylvania writing upon "The university social problem," says: "I mean the great part athletics have played in developing a university spirit among students as we may distinguish from a departmental spirit;" while Jas. A. LeRoy, University of Michigan, in a similar article writes: "College sports themselves have done wonders in fostering an active interest among alumni and in binding them together."

A better standing with the people of Buffalo as reflected through the students would also result from properly administered athletics. I mean that through athletics those students who have a superfluous amount of animal spirits would have a legitimate outlet, and need not exhibit their natural effervescence by gate lifting, sign stealing, or other depredations upon private property. Some estimate may be formed of the feeling of the people of the city toward the university, by the fact that after a man has been in college a year he usually discards his U. B. pin which he so eagerly bought during his first month in college.

In this assembly of professional men I am sure not one undervalues the benefit of exercise. What do we offer our students along this line? I am quite sorry to say, nothing. The old adage says: "All work and no play makes Jack a dull boy," and if you look over the study schedules, you will be forced to admit that either students will be dull boys or else they must take the time when they ought to be studying or sleeping to get their recreation.

My first point, then, is exercise for students. Later I will suggest a scheme whereby all who wish may get the opportunity.

The value to the individual who plays the game may be best made clear by quoting men whose opinions should have great weight:

President Schurman, of Cornell University, in the president's report says: "College games, though liable to abuses, do beget

in young men promptitude, quickness, alertness, hardihood, self-reliance, self-control, and the habit of coöperation, and self-surrender to authority." . . . The relaxation and discipline of healthy, manly sports are too valuable for American youth to forego; on the contrary they should under proper restraints, be encouraged in all seats of learning."

Rev. J. E. C. Welldon, head master at Harlow: "It was the instinct of sport which played the chief part in creating the British empire and that she owed her empire more to her sport than to her studies."

B. E. L. Richards, Professor of Mathematics, Yale, who has been a teacher for twenty-five years, in writing on the foot-ball situation says: "Foot-ball is one of the best forms of athletic sports that can be invented. No other sport is so beneficial." He sums up the benefits as: (1) body or physical—training health, strength; (2) mind—quickness of mind, as in signals, plays.

But great as are these benefits of the sport to the players in body and mind, they are not to be compared with its moral effect, which are: (1) courage, (2) self-control, (3) self-denial, (4) obedience, (5) discipline. The best teams at Yale have contained the most moral and religious men."

President Warefield, Lafayette College: "College athletics have done more to purify, dignify and elevate college life, than any influence brought to bear in the past quarter of a century. . . . . Foot-ball when properly played is a school of morals."

President Angell, University of Michigan: "I regard foot-ball as a valuable athletic game. It calls for and cultivates temperate and regular habits of living, vigor and agility of the body, quickness of perception, readiness of resource, manly courage, skill in planning, subinordination of the individual with coöperation of the team."

Hely H. Almond: "Foot-ball as a moral agent. When the complaint was made to a well known head-master that British boys talked far too much about foot-ball and cricket he answered, 'And what do French boys talk about?'"

C. F. Twing, LL.D., President Western Reserve University: "Before and above these evils, I would emphasise its (foot-ball) function in developing the gentleman of ethical character and conduct. For foot-ball represents the inexorable, it teaches the value of the positive, illustrates the worth of a compelling interest, it promotes self-discovery and disciplines self-restraint."

With this array of quotations from such prominent educators to which many could be added, we ought, at least to see some value to the men who participate.

ARGUMENTS AGAINST FOOT-BALL.

As near as I can gather the arguments against foot-ball at our university are as follows:

A man who is pursuing the study of a profession has no time for athletics.

The liability to accidents.

The student body contracts debts which remaining unpaid give the university a bad name.

I grant that a man studying medicine cannot learn all he should know in four years; neither do I think he could in ten years. On the other hand, a man can do better work throughout the winter for having exercised during the fall. In regard to time—foot-ball requires only two hours a day, from 4 to 6, during the first two months of college, time when no one really gets down to hard work, and this only applies to about twenty men in the whole university. A man misses no work that he is not able to make up, and in the majority of cases he can so arrange his schedule that in any event he will not miss many classes.

That a man can play foot-ball and keep up his work is clearly shown by the records of the men on teams in past years. Exactly as do the records of non-foot-ball men show, I might observe that the men whose records are poor, were only substitutes, and although physically competent to play never made the team, because they lacked the grit.

The matter of doing good work is easily taken care of, for nearly all colleges require that a man must obtain a certain percentage in his work or else he is dropped from the squad. In some colleges, notably Yale, a foot-ball man is required to obtain a higher average percentage than the rest of the men in his class. In regard to technical students playing foot-ball, I might call attention to the fact that Torry, captain of University of Pennsylvania, last year's champions, is a medical student, while Costella, Cornell's captain is an electrical engineer. On last year's Michigan championship team four men were mechanical engineers, while six were law students. The fact that fifty-three technical schools have foot-ball teams shows that a man has time if he has a mind to work. I wish to quote Walter Camp, a professor at Yale, and the recognised authority on foot-ball matters. In a letter to a mother inquiring if she should let her son play foot-ball, he said: "If Edward is a 'high stand' man it is quite certain his standing will suffer somewhat on account of the time and attention devoted to the sport. If he be a 'low stand' man this would hardly be the case, owing to the effort and the pressure brought to bear upon him by his cap-

tain and his fellows to keep up the average which is necessary to secure the permission of the faculty for him to take part."

In three years' experience as coach of Masten Park High School team, where the study average required is 80 per cent. I have never been compelled to drop a man. The knowledge of the fact that poor scholarship is not compatible with being a member of the team is a great stimulus to do good work in school.

In fourteen years' experience in playing and coaching foot-ball, I have seen but five accidents which might be called serious, one fractured clavicle, three fractured femurs and one fractured rib.

By careful estimation I find that the very lowest figures show that 46,000 young men are playing foot-ball each fall. The report of this year's deaths and accidents are as follows: eleven deaths 2-100 of 1 per cent.; 121 injured 2-10 of 1 per cent.

In looking over the statistics I find that only one trained athlete died, and that with but one exception none of the injuries that occurred on the big college teams, where the men are properly trained, incapacitated the players from keeping up their work.

In looking up statistics in regard to casualties I was struck by the tameness of foot-ball, as compared with some other sports. For instance, hunting. In the north woods of Wisconsin and northern Michigan, forty-two men were killed or died of their wounds, while twenty were wounded in the short season of twenty open days.

The matter of contracting debts is easily adjusted if the team is properly managed. The manager should be a graduate, and one who is responsible to the faculty. A good team more than pays all its expenses. We may get some idea of this by reading the report of the graduate manager of the Harvard Athletic Association, which shows that athletics made a profit this year of $33,051. Foot-ball alone made $57,223, the losses and expenses in other branches bringing the profit down to the figures mentioned.

I wish now to give some conception of the game and the manner in which the men train. In the first place it is the most manly and scientific athletic game at present known. A man to play must be in the pink of condition; also, he must be gentlemanly and intelligent. He must train faithfully and the essential points of training are as follows: smoking, drinking and all excesses are absolutely forbidden. A man's diet must be plain and wholesome. He should maintain regular hours and get a normal amount of sleep. In the early part of the season he

is taught how to fall on the ball, kick, run properly and is given such light work as will get his body in physical condition, so that the liability to injury is reduced to a minimum.

The game is played by two teams of eleven men each, and the fundamental idea is to place the ball behind the opponents' goal line. The side having the ball is allowed three chances to advance the ball at least five yards; in case of failure to do so it goes to the opposing team.

In order to advance the ball we must have team work, and this requires that every man has his particular place to fill in every play; to accomplish this the plays are run by signals and as there are some fifty-five different plays and a signal for each, it is necessary for a man to have some brains in order to play.

The foot-ball field is a test of self-control, for a good player never loses his temper. He must be cool. It teaches him self-confidence, ability to take advantage of situations. For frequently the play as started will be blocked by the opponents and then the man with the ball must pick and use the most advantageous way through or be thrown for a loss.

In looking over the history of our experience with foot-ball, I can see many things that have been detrimental to all concerned, and some things which could have been improved upon. In the first place, I hardly think the faculty have exhibited enough interest in the sports of the college. They have failed to require men to keep up in their work or else drop playing foot-ball. They have allowed men to play on some of our teams who were not registered in any college of the university, and they have not attended the games themselves, thereby encouraging men to participate.

The first two conditions admit of no argument. The third does, and the time honored doctor's excuse is given: "I don't have the time." Well, that is true, but time could be taken. When I was in college one of our most prominent professors, and a very busy man, said there would be no class on the following Saturday as he was going down to New Haven to see his Alma Mater whip Harvard.

What do you think would happen to foot-ball in this city if the members of the faculties of the University of Buffalo and their families were to occupy boxes at our games? It would stimulate foot-ball to such an extent that each game would be a social event in Buffalo. I can't find fault with the faculties as far as contributing is concerned, for they have been very generous, but what is needed to stir up this movement is a knowledge among the students that the authorities are favorable and mean to support it by their presence.

In the past the team has not been properly managed. Besides this, men have been allowed to play on the team who were not bona fide students. The team, from lack of support, was allowed to struggle along, without proper coaching and outfitting, getting from bad to worse, and I for one was glad to see it come to an end.

A good foot-ball team will earn money. A prominent lawyer in this city, who has had experience in managing college teams will manage our team for half of the net receipts and he told me he would expect to make $2,500 each season.

If we have a team, let us have a first-class one, properly coached and managed, well supported and an honor to the university.

The chief objection to foot-ball and kindred games carried on in the colleges at present, is the amount of time and money used on a small body of men, who really do not need the physical training, while the vast body of men and especially the bookworms, who really do need the exercise and recreating, do not participate. I admit this point, and on its face it looks like a very strong argument; but there is another side to the question. It is decidedly advantageous to the few who do participate and it pays for all the other varieties of gymnasium and athletic sports.

As I have mentioned before in this paper, the university does not offer to the students anything in the line of physical training; probably because there is no appropriation for it, for I am sure that it is not neglected because the authorities underestimate its worth.

My plan is to use foot-ball for the benefit of those who participate, and to make money which could be used to provide athletic opportunities for the rest of the students.

Last year with our poor team, which played five games here, and with very ordinary teams, we paid the Athletic Field, simply for the privilege of playing there, 30 per cent. of the gross receipts, and this amounted to $839.00. This could easily, with a good team well advertised, be tripled. Therefore I think even with this money we could run a field of our own and make it the campus for the entire body of students, where we could stimulate interclass foot-ball games, intercollege tug-of-war teams, a track for men so inclined, and a place to play a little base-ball in the early fall. With the first money earned, I would suggest that we put a series of hand-ball courts between the medical and dental colleges, a game which is of great value physically, requires no apparatus, and can be built for a small sum of money. Students could go there when they had a vacant hour during

the day, and take sufficient exercise to keep their bodies in excellent condition. Later we could increase the size of the building, so as to include some gymnasium apparatus, bowling alleys and possibly baths. Therefore, if we can make foot-ball pay and thus provide facilities of exercise for the body of students, I think the strength of the point that the game only benefits the few is largely lost.

151 Front Avenue.

DISCUSSION.

Mr. W. B. Wright, of law, agreed, in the main, with Dr. Simpson and declared that a poor team was worse than none at all. If the university has a football eleven it must be a winning team.

Rev. R. B. Adams was strongly in favor of a team for the university. He recalled the fact that the cadets at West Point had only one hour a day for practice, yet were able to put up a winning team. Out of the 447 students at the University of Buffalo he thought it should be easy to secure 25 men to play on the team.

Mr. Voght, principal of the Central High School, was heartily in favor of games and outdoor sports.

Dr. DeLancey Rochester was unequivocally opposed to foot-ball, but favored outdoor sports. He said the mortality and injury rate were too high for the game as a game; the exercise was too severe.

Dr. M. D. Mann did not believe football could be played well by a university team.

Dr. Charles Cary was heartily in favor of the plan and promised his support in the future as freely as it had been given in the past.

Mr. John Lord O'Brien's opinion was that the sport had never been properly regulated; that a university spirit was necessary and the best way to develop it was by means of football. The game should have at least one fair trial.

Mr. Adelbert Moot had been opposed to the game on account of its professionalism; but if this could be removed and the game kept free from it he was in favor of a university team.

Dr. James A. Gibson, professor of anatomy, knew of several good men who had left the medical school because of the lack of university spirit. He was heartily in favor of a team.

Dr. Gregory, of the pharmacy college, thought the whole question hinged on proper management. With that solved there should be a team.

Dr. SNOW, of the dental school, is personally opposed to football; but if it is decided to have a team he would see that the dental department was represented.

Dr. LUCIEN HOWE expressed himself in favor of athletics and said the men should have a chance to rub elbows.

Dr. HOOVER said the 'varsity team had originally been started in good shape and under honest management; laxity in business affairs, the introduction of professionalism and general apathy on the part of the faculty had caused the game to fall into disfavor. Dr. Otto spoke along the same lines.

Following the discussion a vote was taken, on the proposition to secure an expression of opinion, which resulted in 29 in favor of football and 4 against.

Empyemas of the Accessory Cavities of the Nose in Children.[1]

BY DR. B. PANZER,
Of Vienna University Children's Hospital.

I WISH to speak to you about the special form of a disease which to state beforehand must be considered very rare. I shall speak about empyemas of the accessory cavities of the nose as found with children. I did not find more than seven cases in a material of about fifteen thousand subjects that came under my observation within the last ten years. Nevertheless, the cases presented typical forms which showed marked differences, however, when compared with similar diseases in adults. This latter affection may be taken as very frequent, for I have seen many hundreds of such cases during the same time. As the disease represented always the same well-known symptoms as regards its anatomical, pathological, and therapeutical features, it might be well to consider first the affection in adults as, by comparison, we shall be able to recognise best the special points of same.

I will recapitulate briefly the anatomy of the accessory cavities of the nose: the Highmore cavity, the frontal sinus, ethmoidal labyrinth, and the sphenoidal cavity. The antrum of Highmore, the largest of all, is situated in the upper jaw, is an irregular cavity, narrowing down toward the alveolar process. The exit is close to the roof which forms at the same time the base of the orbit. Later, I shall refer to the openings in the nose. The frontal sinus varies very greatly in its size, lies inward and upward of the orbit, but extends also outward as mentioned before, in

1. Presented at the meeting of the Roswell Park Medical Club, at the residence of Dr. Geo. F. Cott, August, 1904.

varying sizes. The duct leads obliquely from upward behind, to downward in front. The ethmoidal labyrinth is divided into two parts, the anterior and the posterior cells; they represent a number of irregular cavities which are partly in communication and are limited on the outer side by the lachrymal bone and the lamina papyracea of the ethmoid, in the interior by the upper turbinated bone. The sphenoidal cavity lies in the body of the sphenoid bone, and is a large, more or less, cubical space limited on all sides by bone; in front especially by the so-called ossicula Bertini.

Of great importance is the relation of the openings to the nose. Make a sagittal section through the skull, remove in the middle the septum and you will notice in the lower part the inferior turbinated bone and between this and the floor of the nose the lower meatus, over it the middle turbinated bone and between this and the lower turbinated bone the middle meatus; above this the upper turbinated bone and a portion of the anterior ethmoidal labyrinth. Remove now the middle turbinated bone and you will find two well organised formations on the outer side of the nasal wall,—in front, the processus uncinatus of the ethmoid, and behind this, the ethmoidal bulla. These two bones have special importance, for between these two there is a furrow,—the so-called hiatus semilunaris, on the upper end of which there is the nasofrontal duct, the opening of the frontal sinus. In the lower part of the ostium maxillare of the Highmore cavity further there are the openings of some ethmoid cells next to the hiatus, in irregularly situated parts; whereas the posterior ethmoidal cells open into the back parts of the upper nasal meatus. In the same way the opening of the anterior wall of the sphenoidal cavity leads into the upper meatus.

Let us contemplate now the sagittal section of the skull with the middle turbinated bone in the natural position, when we shall see that the Highmore cavity, the frontal sinus and the anterior cells of the ethmoid open into the middle meatus. The narrow fissure which we observe in examination of the nose from the front, between the lower and the middle turbinated bone, possesses the greatest practical importance. Whatever occurs in any of the said cavities must show up by indication in this fissure, as we cannot get a direct view of any of these cavities, whether of the Highmore cavity of the frontal sinus or of the ethmoid, but you will always find a strip of pus in the fissure between the lower and the middle turbinated bone, as the first symptom in examining the nose. The question arises how to make the differential diagnosis of the disease of the different cavities. The simplest way is to ask, which one is most frequent? The comparison shows

that in the great majority of cases the affection lies in the Highmore cavity; finding some pus in the middle meatus, you must imagine first an inflammation of this cavity.

The diagnosis is very easily verified. Remembering the anatomy, you know that the bottom of the Highmore cavity reaches to the alveolar process, consequently is somewhat deeper than the bottom of the nasal cavity. Take now a simple hollow needle and, under local anesthesia, introduce it underneath the lower turbinated bone about one-half inch to the back from the anterior end of the lower turbinated bone, right through the lateral wall of the nasal cavity which is at the same time the medial wall of the Highmore cavity, and you will reach with your instrument the Highmore cavity. Take now a syringe with warm water and adding 5 per cent. carbolic, and press it through the cavity; the fluid must come out through the natural opening and we are able to distinguish whether there is any pus in the cavity or not; when the water shows any pus you can be sure that there is an empyema of the Highmore cavity. When the fluid is clear the Highmore cavity is free of any affection, and it is only possible that there is an empyema of the frontal sinus or of the ethmoid.

The entrance to the frontal sinus is easily to be found: take a curved canula, introduce it below the anterior end of the middle turbinated bone and you will reach through the hiatus semilunaris into the end of the nasofrontal duct. Sometimes the anterior end of the middle turbinated bone is in the way, in which case you must remove it with the snare; and now you repeat the former proceeding, that is, you syringe some water through the tube; if you find any pus in the fluid you can be sure there is a frontal empyema; if you do not find any pus it cannot be but an empyema of the ethmoid.

But how will the case present itself if there should be a combined empyema in several of the above mentioned cavities? The diagnosis could not be difficult in such a case either; should there be visible pus in the middle meatus after thorough washing out of the Highmore cavity, this is a clear indication that there is still suppuration either in the frontal sinus or in the ethmoid. If after washing out the frontal sinus there is still pus, the ethmoid must be affected. The general symptoms of the empyema visible besides the examination of the nose,—and I am speaking here only of the acute form of empyema,—are in the first line pains, pains of a neuralgic character which mostly, but not always, correspond to the seat of the trouble, pains in the infraorbital nerve in disease of the Highmore cavity, in the supraorbital nerve in those of the head. But also radiating pains of an affection of the Highmore cavity in the forehead. The region of the infraorbital

foramen and supraorbital fissure are sensitive against pressure, redness of the conjunctivæ half closing of the eye are not very frequent. I repeat, the pains are of a neuralgic character, that is, they return often at the same hour, or the branches of the trigeminus nerve show a general sensitiveness and the pains become stronger at certain hours. Fever is not frequent, but slight increases of the temperature can often be observed. On the whole, these are the usual signs in adults, but we find them quite different with children, of course, to state it at once, the symptoms, which we may call the anatomical are always the same.

The suppuration in any of the cavities will always show up in the nose in the same place. Also, we always find pus in the middle meatus between the lower and the middle turbinated bone in case of an affection of the frontal sinus or Highmore cavity. But the exterior appearances are quite different. The empyema manifests itself under the signs of a serious general illness, high fever as much as 40° C. and more, sometimes somnolence and dulness of the intellect. The most pregnant symptoms are the pains which appear spontaneously and mostly with enormous intensity, very much stronger than ever in adults. The branches of the trigeminus are extremely sensitive against pressure. Examining the patient you cannot but notice immediately the severe edema which corresponds to the part of the affected cavity. In case of the inflammation of the Highmore cavity severe edema of the cheek, swelling of the eyelids strong injection and swelling of the conjunctivæ which can reach the state of chemosis. In case of the affection of the frontal sinus you will find the edema above the eyebrows on the forehead as far as the middle line and beyond same, and even so far as the other side. The conjunctiva is affected in the same way as in case of an inflammation of the Highmore cavity. On examination of the nose there is to be noticed a large quantity of mucopurulent secretion in the middle meatus, exactly as we used to find it with adults. The most important differences, however, appear in its course. Same becomes relatively as mild as the beginning was strong and sudden. In no case have I seen the disease changed into a chronic one and in all cases I found the conservative treatment quite sufficient. In cases of adults it will rarely be possible to heal the suppuration, for example of the Highmore cavity, without any washing out of the cavity. I never found this necessary with children, nevertheless the treatment can do a great deal and I found the following way the best: it is most necessary to procure free egress for the pus; as a swelling of the mucous membrane of the middle turbinated bone occurs always in this dis-

case, it must be our task to reduce this swelling as much as possible.

This result is easiest obtained by use of cocaine and, for the past two years, adrenalin. I use a 20 per cent. solution of cocaine in the usual solution of adrenalin, 1-10, and introduce a probe with cotton wetted therewith into the middle meatus outward of the middle turbinated bone. Within a few minutes the mucous membrane contracts, becomes anemic and often perfectly white, and we may observe a nearly immediate effect,—the diminution of pain,—for the pus can now leave freely. A good result is additionally obtained by giving aspirin in large doses, according to the age of the children, using further a great deal of fluids, especially hot tea, and regulating the diet. The external application of mesotan with oil, equal parts, on the diseased and painful place will be found quieting, combined with the application of ice; but sometimes the little patient cannot stand the cool, and tolerates fomentations better. The fever and pains, as a rule, last but four or five days and mostly disappear, whereas the suppuration usually lasts a fortnight or three weeks. The treatment remains the same as long as we find any pus; the nose might be cautiously washed out to make it permeable, only great care must be taken that the fluid does not penetrate in the Eustachian tube, as this would cause immediately a severe inflammation of the middle ear in consequence of the septic pus. When not absolutely necessary, it is much better to omit the washing out. The following cases are instructive:

Case I.—A child, 4 years old, comes with its mother to the hospital; the child has high fever, terrible pains, cries all night. Since yesterday there is a swelling on the cheek. The eye is swollen and very red. There are great pains when you touch the swollen part. The examination of the nose shows up yellow pus in the middle meatus.

Diagnosis: acute empyema of the left Highmorean cavity. Therapy as described above. The pains last for three days with great intensity so I thought, to relieve the child, it would be necessary to perform a puncture of the Highmore cavity, but during the night the pains were gone. The skin on the swollen part came off and after a fortnight the process was ended.

Case II.—A child of 12 years called for consultation. I found high fever, terrible pains, severe edema above the eye, chemosis of the conjunctivæ, sensitiveness against pressure on the supraorbital nerve. The physician thought there might be a retrobulbar phlegmon, but the oculist had found that the eye itself was normal. The examination of the nose showed pus in the middle meatus.

Diagnosis: frontal sinus empyema. The treatment was the same as in the first case.

Case III.—Child, 10 years old, case as the second; especially remarkable by the pains and high fever; dulness of the intellect. Diagnosis: frontal empyema; fever and pains last, but after seven days the process was the same as in the other cases.

Case IV.—Boy, 12 years old, called upon me in the hospital with the diagnosis empyema of the Highmore cavity. The diagnosis was made by another specialist and it was intended to open at once the Highmore cavity from front without trying any local treatment. I started with the same treatment as experienced in the other cases and the farther progress was that the case, which came eight days after beginning of the disease under my observation was slower than I used to see; it took about a week before the acute signs were gone; during the examination the exudate changed from a purulent to a mucopurulent, and lastly into mucus. It took more than five weeks to finish the whole process.

I will not trouble you longer with the description of other cases, as they have nearly the same histories, there being slight differences only in regard to the pains, the fever and the time for cure.

CLINICAL REPORTS.

From the Surgical Clinic at the Buffalo General Hospital.

CONTRIBUTION TO THE LITERATURE OF FOREIGN BODIES IN THE PHARYNX AND ESOPHAGUS.

EARLY in December, 1904, a little girl, 18 months of age, was brought to the surgical clinic of the general hospital by frightened parents, who stated that she had swallowed, or, at least, had passed down her throat beyond reach, a toy stick pin, "shaped somewhat like the picture of a doll," with a long pin in the white metal part which represented the body of the doll itself. She had sustained this accident some two hours before she reached the clinic, at which time she was suffering very slight embarrassment of respiration with inability to swallow, but did not complain very much, except when this effort was made.

In a general way it was learned that the pin was an inch and a half or so in length, of irregular shape and made of flexible white metal. A radiograph, at once made by Dr. Plummer, gave

the accompanying picture, showing apparently that the pin was impacted in the throat and esophagus, with the head downward.

Fig. 1.—Radiograph, showing location of pin in the child's throat, and its relative size.

The sharp pin part seemed to be shown in the picture projecting upward in such a way as to complicate the effort to disengage in removing it.

The child was thoroughly scrubbed and prepared for external operation, if need be; then chloroformed and placed upon the table with a sand bag under her neck, the head being thrown backward. Under the relaxation of complete anesthesia, the mouth was widely opened with an O'Dwyer mouth gag, and Dr. Park was then able to feel the upper end of the metal object just below the level of the tip of the epiglottis.

He selected forceps with blades bent at right angles to the handle portion, and passing this down behind the tongue and epiglottis, was able, after some effort, to disengage and finally withdraw the object almost entire. In the first efforts that were

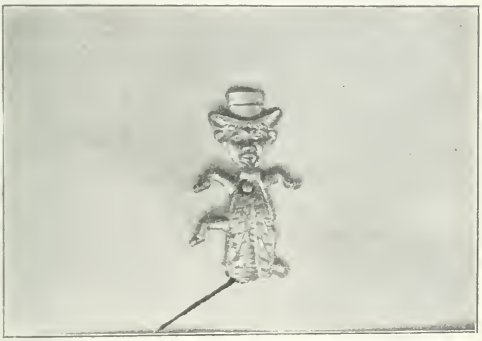


FIG. II. — The pin as it was removed from the child's throat, exact size. The sharp pin part is shown by black line.

made, one, or perhaps two, of the projecting portions of the body of the pin were broken loose, and one of them was withdrawn. This will account for the irregularity of the figure shown in the photograph.

Very little blood was lost during the brief operation. The exigency of the case calling for both the surgeon's finger and forceps in the throat, there was caused considerable embarrassment of respiration, and at one time the child became quite cyanosed.

Dr. Park called attention to the fact that one of the immediate dangers in such cases was edema of the glottis, and he directed that ice be applied to the neck externally, and at the same time authorised the house surgeon to do intubation or tracheotomy at any moment, should urgent or distressing symptoms require it. The subsequent course of the case was so uneventful, that nothing

of this kind was called for, and the child was taken home on the second day, apparently able to swallow with very little difficulty.

The accompanying figure illustrates the exact size of the object with the pin which, fortunately, had been somewhat loosened, probably before the child swallowed it; this fact having made it easier to disengage than otherwise would have been possible.

It was photographed with the painted side up in order to illustrate the exact nature of the toy which the child was allowed to put into its mouth. One entire limb and part of another have been broken off; just when, cannot be told, but the pin was withdrawn in the exact shape illustrated here.

Fibroid Tumor Complicating Gestation—Hysterectomy—Recovery.

By F. D. THOMPSON, M. D., Fort Worth, Texas.
Professor of Gynecology and Surgical Diseases of Women, Medical Department, Fort Worth University.

[From *The Texas Medical Gazette*, June, 1904.]

I THINK the following case is of sufficient interest to the profession to justify me in reporting it:

On Thursday, April 14, 1904, Mrs. L., white, American, age 33, married twelve years, no children, no miscarriages, complexion fair and general health good, came to me from Canton, Ga., on account of an abdominal tumor which was growing rapidly. During the year 1903 her menstrual flow was increased in duration and quantity. In the early part of December, 1903, her flow ceased entirely and has not appeared since. In January, 1904, the patient observed a tumor just above the pubis and a little to the left side, and during February and March she suffered much with nausea. On examination I found a tumor extending from the cervix of the uterus to two inches above the umbilicus. The lower half of the tumor was very hard and firm; the upper half was soft as compared with the lower portion. The cervix, which was not involved, seemed to be attached to the center of the hard part of the tumor. As much of the tumor seemed to be in front of the cervix as behind it.

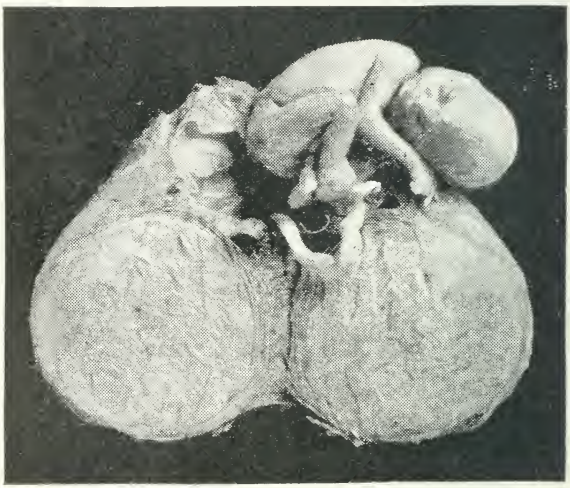
With this history and condition, I made the diagnosis of a fibroma occupying the lower portion of the uterus complicated with a four months' pregnancy in upper portion of the uterus. I advised an operation, consisting of the removal of the uterus and the appendages, as giving the patient the best chance for her life. This was consented to and on Saturday morning, April 16, 1904, I did an abdominal hysterectomy, removing the uterus, ovaries

and tubes. The operation was performed as follows: the abdomen was opened freely, the incision extending an inch or more above the umbilicus; the uterus was lifted out of the abdomen; the ovarian artery on the left side was ligated; the clamp forceps placed next to the uterus; the artery and broad ligament were cut between the clamp and the ligature down to the round ligament. This was ligated and a clamp placed next to the uterus; the round ligament was divided and the broad ligament cut down

THOMPSON: FIG. I.—Fibroid and Pregnancy. Anterior view.

to the uterine artery at the junction of the cervix with the tumor. The folds of the broad ligament were slightly separated; the uterine artery was ligated by passing a threaded aneurism needle under it; a clamp was applied next to the uterus and the uterine artery was then divided. The peritoneum from the broad ligament on the left side extending to the broad ligament on the right side and about half an inch above the bladder in front, was divided with the knife. The peritoneum and bladder were dissected down slightly below the junction of the cervix with the body of the uterus. The peritoneum was divided in the same

way on the posterior surface of the uterus and tumor and pushed down to the cervix, then the cervix was separated from the uterus and tumor. When it was cut through, the tumor was lying well over to the right side, the right uterine artery could be seen and felt between the folds of the broad ligament. This was ligated, clamped, and divided. The broad ligament was then divided up to the round ligament. It was ligated, clamped, and divided. When the broad ligament was divided to the right ovarian artery, this was ligated and cut including the infundibulo-pelvic liga-



THOMPSON: FIG. II.—Fibroid and Pregnancy. Posterior view.

ment. This completed the separation of the uterus, ovaries, and tubes from the patient. The ovarian and uterine arteries were re-tied for safety. I then closed the stump of the cervix (which had been hollowed out during its amputation) with ten-day catgut sutures. I next began with a continuous catgut suture to unite folds of the broad ligament by starting where I put the first ligature on the left ovarian artery, continuing down to the cervix and turning in the ligated ends to the arteries. When I reached the cervix I closed the peritoneum over it, continuing in the same way until I reached the ovarian artery on the right side. When this was done the pelvis was absolutely clean showing only the continuous suture that had brought the edges of the broad liga-

ment together. The abdomen was closed in the usual way and the patient put to bed in good condition.

I then opened the fundus of the uterus and exposed the four and a half months' fetus. The wall of the uterus when opened was not more than an eighth of an inch thick. So much of the uterus was involved in the fibroma that I believe the uterus would have ruptured long before the full term of gestation was reached.

The patient made an uninterrupted recovery, leaving the infirmary apparently well four weeks after the operation. The cuts indicate the position of the fibroid and fetus.

SOCIETY PROCEEDINGS.

Buffalo Academy of Medicine.

Section on Medicine, December 13, 1904.

REPORTED BY FRANKLIN W. BARROWS, M. D., Secretary.

At the stated meeting of the Academy, December 13, the following program was presented by the Medical Section.

Dr. D. L. EDSALL, of Philadelphia, read a paper entitled,

THE DIETETIC USE OF PREDIGESTED LEGUME FLOUR PARTICULARLY IN ATROPHIC INFANTS. WITH A STUDY OF ABSORPTION AND METABOLISM.

(AUTHOR'S ABSTRACT.)

The study was undertaken largely for the purpose of determining whether it is possible to give to infants that have difficulty in digesting a sufficient amount of milk proteid an amount of vegetable proteid that would be of nutritive importance to the child. A series of cases of atrophic infants were given bean flour in their milk mixtures, the flour having previously been predigested by means of a diastatic ferment. The clinical results, considering the class of patients, were in most instances remarkably good, the condition of the bowels usually improving and a large proportion of the babies making very rapid and good gains. The studies of absorption also show that the bean proteid in this form was quite as well absorbed as the milk proteid. A nitrogen metabolism experiment was also carried out on an adult. When bean flour was substituted for about an equal food value of milk the patient gained quite as well as he had on the previous diet and also showed somewhat more nitrogen retention than he had on

the previous diet. The absorption in this instance was very slightly less good, this being perhaps due to the fact that there was some digestive disturbance at first when a large amount of bean flour was suddenly added to the diet. The reason for this favorable influence of bean flour perhaps does not lie solely in its large nitrogen content. It seems wholly possible that it is due to the nature of the proteid in the bean, the relation between this and the proteid of the nuclei of animal cells being sufficiently intimate to suggest this.

DISCUSSION.

Dr. IRVING M. SNOW.—The importance of the proteid content of food in its relation to metabolism, is shown by the fact that the human infant, which receives 1½ per cent. of proteid in its food, doubles its weight in three or four months, while the dog, with 4 per cent. of proteid in its food, doubles its weight in three or four weeks. I have never seen infants gain so rapidly, under any method of feeding, as in the cases that Dr. Edsall has reported tonight. I have often thought that the principles of infant-feeding might with advantage be applied to the feeding of adults in such conditions as are often found in typhoid fever and other diseases.

Dr. DEWITT H. SHERMAN.—In beginning to feed infants with this legume flour, what is a safe percentage to use? Is this food constipating, like barley gruel; and how does it compare in strength? How much of the diastatic ferment is added to the legumes? Was beef juice used in any of the cases reported? What are the dangers of scorbutus under this diet?

Dr. ALLEN A. JONES.—Dr. Edsall has added another most valuable research to his already excellent work in dietetics. Is the legume diet likely to cause great flatulence? Dr. Shattuck, of Boston, has, some time since, set us thinking on the importance of changing the diet from milk to some other food in cases of typhoid fever, where milk seems to disagree. In certain cases the tympanites, coated tongue and other unfavorable conditions disappear when another food is substituted for milk.

Dr. CHARLES S. JONES.—It often happens in the intestinal disorders of infants that a complete change of food improves the child, regardless of the virtues of that particular food. Does this fact account, in any degree, for the success of the legume diet? I knew of a serious case of infantile scorbutus cured on plantose and orange juice. Plantose, being a vegetable albumin, appears to be more easily assimilated and to cause less uric acid than the animal albumins. Is this true also of legume?

Dr. M. HARTWIG.—Were any of Dr. Edsall's cases fed on predigested milk before his experiments with milk modified with

the predigested legume? Did the doctor compare the results of his method of feeding with those obtained by feeding milk predigested by cereals or otherwise? In predigesting, were any other than starch digesting ferments used?

Dr. Arthur W. Hurd.—Has this food been given for the relief of cases in which diarrhea was a principal feature? Was any other treatment given for the diarrhea while the food was being used?

Dr. Edsall, in closing.—We generally start a baby on 2 per cent. of the bean flour, which is substituted for an equivalent amount of milk. The food controls diarrhea, probably like Nährzucker, through its dextrin content, this perhaps having a soothing action on the bowel,—like that of starch paste in proctitis. Beans have a very high percentage of nitrogen,—23 per cent. as compared to 8 per cent., contained in wheat. They contain much more proteid, then, than barley or any other cereals except other legumes. They rank fourth among all other foods in point of cheapness. White kidney beans were used in these feeding experiments. Forty grams of bean flour were predigested with five grams of a malt diastase. No other ferment was used in the food. Probably many of the available diastatic ferments would answer equally well. The food might cause scurvy without a proper admixture of the antiscorbutic foods. Most of the children in the series of cases reported tonight had, previous to these experiments, been fed on milk containing other cereals. No medication was used to control diarrhea. The children did not show flatulence while using this food. Indeed, the flatulence so frequently resulting from a leguminous diet seems due to the difficulty of digesting legumes, and predigestion seems to prevent this result. Plantose, referred to by Dr. Charles S. Jones, has a high percentage of nitrogen, but it is very insoluble. It is doubtful if it produces less uric acid than does meat. In typhoid fever, the difficulty with the assimilation of milk is usually due to bad milk. If, however, unfavorable intestinal symptoms occur during the use of perfectly good milk, I would modify the milk as I would for a child. This course has proven successful in many cases under my care.

Dr. Frank W. Love read a paper, entitled,

ETIOLOGY AND SYMPTOMATOLOGY OF CEREBRO-SPINAL MENINGITIS.

(AUTHOR'S ABSTRACT.)

Synonyms.—Cerebro-spinal fever, spotted fever.

Etiology.—The specific organism, diplococcus intracelluiaris meningitidis, is a possible variety or a degenerated form of the diplococcus of pneumonia,—Fränkel diplococcus. Infants and young adults are most subject to the disease, which, however, attacks all ages. It prevails most in the temperate zone and

during spring and winter. Unhealthy and crowded habitations, mental and physical exhaustion, are predisposing factors. It is sporadic, endemic, or epidemic, as it was in the east and in New York city last winter.

Symptomatology.—It attacks the central nervous system and symptoms are referred to that. If brain cortex is involved it causes muscular tremor and paralysis. If the base is involved, pressure on cranial nerves affects special senses. Pressure on spinal cord causes hyperesthesia, and the like. Combined and mixed symptoms occur when both brain and cord are involved. The incubation time is unknown.

Prodromal Symptoms.—Patient is stricken suddenly, possible early lassitude, headache, vomiting, joint and myalgic pains.

The malady follows the rule of infectious diseases,—intense headache; backache (cervical and lumbar) are characteristic: chill; fever of moderate type; myalgia; joint pains and inflammation; convulsion; maniacal and excited tendencies; apathy; somnolence; stupor; coma; death. The fever in the fulminating variety, high,—105° F.; other forms are moderate,—101 to 103°.

The pulse is accelerated, slower at first, later 120-140. Early, of good volume, later, soft and compressible; in serious cases, small and feeble. Some clinicians believe that a pulse lacking tension is diagnostic. There is leucocytosis. The respiration is slightly increased; as the respiratory centers are involved, slow, sighing—Cheyne-Stokes—breathing; rapid breathing; possibly pneumonic complications.

The headache is intensified by light and noise; the patient groans even when comatose. There are upper cervical and lumbar spinal pains, myalgic pains in the abdomen and extremities, cephalalgia is associated with vomiting, hyperasthesia follows anesthesia, irritability, delirium, hallucination, apathy, stupor and coma occur; contracting muscles cause characteristic positions,—forearm on arm, leg on thigh, thigh on abdomen; back muscles cause orthotonus more constantly than opisthotonos. There may be photophobia,—variable pupil, strabismus (temporary), ptosis, possibly conjunctivitis, keratitis, purulent irido-choroiditis; tinnitus, aurium and otorrhea may occur; skin and visible mucous membranes in the invasion period show pallor and lividity; herpes facialis is, perhaps, diagnostic. Petechial eruption and pallor of the skin give the name spotted fever. The gastrointestinal symptoms include early vomiting, of nervous origin. Most types have anorexia, almost normal tongue, constipation, retracted belly. Typhoid type has diarrhea and tympanites. Rectal and vesical incontinence occur in the stage of muscular paralysis; arthritis occurs in some types.

"Kernig's sign" is slow and uncertain as to time of appearance. Constant watching for the sign is necessary. Its absence does not exclude diagnosis of cerebro-spinal meningitis.

Types of the Disease.—(*a*) Fulminant or malignant: sudden onset; very rapid coma state; omits earlier symptoms; lasts from seven hours to one or two days; is fatal; (*b*) typhoid type; typhoid state with meningitis and spinal symptoms; (*c*) intermittent variety: severe symptoms, remit or intermit, every day or second day; distressing symptoms subside and appear in twenty-four to forty-eight hours, increased in severity; (*d*) abortive form: severe and sudden onset, but immunity is established and disease checked after a day or two; (*e*) mild form: symptoms so mild and undeveloped that it is recognised only in an epidemic.

Dr. Ray H. Johnson read a paper entitled,

REPORT OF A CASE OF MENINGITIS.

(AUTHOR'S ABSTRACT.)

F. W., boy, 17 months old, youngest of three children. Other two in best of health, were during dentition, and are exceptionally well-developed children.

The little patient, prior to the attack herein described, passed a perfectly normal childhood, with the exception of two troublesome teeth, which appeared about this time. For some time prior to April 29, 1904, the diet of the child had been condensed milk, Eagle brand. Upon this day the mother noted that the can she opened had a protruding top, as though fermentation had begun. Not knowing that it might harm the child, he was given the usual amount and put to bed in apparently good health. During the night the mother was awakened by the child crying and vomiting. A severe convulsion, lasting half an hour, followed. The convulsive movements were most pronounced on the right side. The following day, April 30, the child played around and seemed as well as usual until 2 p. m., when he had a second convulsion. Within the next seventy-two hours he had fifteen severe convulsions, which resulted in a left side hemiplegia,—affecting left side of face as well as left side of body. He was in a semi-conscious state, refusing all food except egg-water. The temperature was stationary at about 101° F. Bowels moved often (result of cathartics), the dejecta having a very offensive odor and containing much undigested milk curd. There was very little vomiting, a fact I had great cause to be thankful for in the weeks following.

About twenty-four hours after the last convulsion the temperature began rising until it reached 104° F., continuing between 104°

and 105°, except when influenced by hydropathic treatment, for a period of about three weeks. The pulse was 145, small and wiry. The bowels moved regularly. Passages were of a normal character and apparently not a factor in the continued high temperature. During this period there were continuous spasmodic actions of right arm and leg. The head was turned to the right side, and it was with great difficulty that the child took a sufficient amount of food. Paralysis of the left arm and left leg were complete, and the symptoms were so grave that a consultant suggested a diagnosis of tubercular meningitis. After three weeks of continued high temperature all symptoms slowly subsided. The temperature was normal in about four days, and in two weeks the child was able to sit up. Spasmodic movements of the right side subsided, the leg nearly recovered and the arm improved 50 per cent.

The paralysis of the left side and convulsive movements of the right side returned. This marked the beginning of another period of three weeks' suffering pitiful to witness. The temperature, instead of following the course of the previous attack, was normal, and at times subnormal. The basilar involvement was so great that it was impossible for anything to pass the throat, and no medicine, food or water entered the stomach for fourteen days. A sufficient amount of peptonised food was given per rectum to fairly well sustain the child. During these three weeks it was difficult to produce sleep, and during most of the waking hours he cried continually. Examination of the urine was made at frequent intervals and a trace of albumin was found at each examination; no casts were ever found; specific gravity and amount were in direct proportion to the amount of liquid diet and drinks taken. The convalescence from this attack, if it may be so called, was less rapid than the preceding one, and was without special interest.

A recent examination of the child showed marked improvement. He is now able to walk, although the control of the left leg is not perfect. He has that swing of the leg that is characteristic of such cases. About 25 per cent. improvement has taken place in the arm. The mental condition is as good as when the child was taken sick, and his vocabulary is gradually increasing, and is now larger than at the time his illness began. I have carefully looked for manifestations of brain irritability, but have found none.

DISCUSSION.

Dr. ALLEN A. JONES.—The last two papers have conveyed an excellent idea of this disease. Dr. Johnson's case, a most interesting one, acted very much like tubercular meningitis. If lumbar

puncture had been made the diagnosis would most likely have corroborated this idea.

Dr. DEWITT H. SHERMAN.—I believe I accomplish less in the treatment of meningitis than in any other cases. Lately, I have used adrenalin solution for its action on the capillaries. Hypodermatically, adrenalin causes anemia of the part but has no great influence on the capillary circulation. To affect the capillaries it would seem necessary to introduce adrenalin intravenously. Normal saline hypodermoclysis seems to offer promise as a remedial measure in meningitis.

The Academy adjourned.

Fakir, Pure and Simple.

JUSTICE SO CALLS "DOCTOR"---GIVES HIM THREE MONTHS.

In sentencing Vitorio Salamone to three months in the penitentiary, Justice McKean, in special sessions recently, said to the prisoner:

"Salamone, you are a fakir, pure and simple; you are a humbug, a fraud and a charlatan; a big, strong man like you should be at work and not trying to delude ignorant people. From the testimony in this case, one would think we were back in the fourteenth century."

Salamone was arrested on December 3, at No. 28 Bayard street, where, calling himself a grocer, he had a combination of a grocery store and a doctor's office. Here he charged five dollars for each consultation.

Lillie Enrico, of No. 180 Broadway, said that she called on Salamone on December 2, telling him that a sister-in-law had had a witch make her ill. Salamone said he would question the spirits, and after some peculiar actions gave the woman a prescription, which could not be filled at any drug store.

The complaint that Salamone was illegally practising medicine was made by the board of education to James Taylor Lewis, counsel for the New York State Medical Association, some weeks ago, and it was through the efforts of Mr. Lewis that the necessary evidence to convict was obtained.—*New York Tribune.*

TO PREVENT FALLING HAIR.

WALSH has used the following with gratifying success in preventing that condition so annoying to humanity which is described by the patient as: "my hair is falling out."

R	Salicylic acid	12.00 [℥iii.]
	Carbolic acid	4.00 [℥i.]
	Castor oil	12.00 [℥iii.]
	Alcohol, to make	180.00 [℥vi.]

Mix. Directions—Apply freely to scalp once or twice a day.

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

EDITED BY
NELSON W. WILSON, M. D.

Assistants:
E. R. McGUIRE, M. D., BURTON T. SIMPSON, M. D.

Under the auspices of the Faculty of the Medical Department of the University

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CHARLES G. STOCKTON, M. D., CHARLES CARY, M. D.,
JOHN PARMENTER, M. D., HERBERT M. HILL, A. M., Ph. D.,
ELI H. LONG, M. D., HERBERT U. WILLIAMS, M. D.

AND

Buffalo General Hospital — HENRY REED HOPKINS, M. D.
Hospital of the Sisters of Charity — EUGENE A. SMITH, M. D.
German Hospital — HERMAN E. HAYD, M. D.

Department of Anatomy, University of Buffalo.

I have been requested to prepare an article dealing with the teaching of anatomy in the University of Buffalo. As a preface to this I would like to say that in the departments of physiology, histology and anatomy the work has been planned to correlate these subjects so far as is possible. A modified concentration of anatomy and physiology is also adopted; during the first semester the greater number of hours are devoted to anatomy; during the second semester physiology replaces the extra hours which were devoted to anatomy.

The general plan of teaching is largely practical. The student is encouraged in every way to study from his work on the cadaver and from seeing and handling actual specimens, the knowledge acquired through the sense of sight being much more lasting than that gained by any other means.

A systematic method of consideration being one of the essentials of successful study, the student is given the following outline to follow as being applicable to nearly all anatomical structures, and the demonstrators use the same in class work: (1) situation and form; (2) size, weight or extent; (3) component parts for nerve and blood supply; (5) relations; (6) function or action; (7) clinical significance and application.

That the instructor may come into closer personal relation with the student the class is divided into sections, and the same demonstration is given to each section separately, it being much

more satisfactory to present a subject and specimens to a class of twenty-five than to one of fifty or seventy-five.

The work is so arranged that while the student is receiving demonstrations on any particular part of the body he is at the same time dissecting that part in the laboratory. While studying and receiving demonstrations on the bones each student is supplied with a specimen for class work; in the case of the cranial bones each two or three students are given a specimen so that this difficult work is simplified as much as possible. Each member of the class is required to point out in the work on osteology, the structures mentioned by the instructor and a part of each period is devoted to a quiz or review of the preceding work.

In the freshman year the viscera are taught from the cadaver and attention is devoted particularly to the structure and relations of the different organs, leaving for the sophomore year the study of the surface anatomy and application of this course to medicine and surgery. In the case of an important and complicated organ like the heart, a pig's heart is supplied to each student and he dissects it as the demonstrator proceeds.

In the freshman year the course in anatomy comprises, therefore, demonstrations on the osteology and soft parts of the head and neck; the upper extremity; the lower and a course on the anatomy of the viscera of the thorax and abdomen, together with twelve hours a week dissection arranged as far as possible to cover the work mentioned. The instructors are requested while teaching the foregoing to explain to the student how this knowledge is required in medicine and surgery and to endeavor by this means to arouse interest and assist the memory. The subject of osteology is covered entirely in the first year, also myology and angiology, with the dissection of two parts at least, and if possible three, the upper, the lower and the thorax.

In the sophomore year the anatomy of the brain and spinal cord is taken up by a course of one demonstration per week during the entire term, being illustrated by actual dissections and specimens with the aid also of charts and blackboard drawings; in this course the demonstrations are somewhat in the nature of conferences between the instructor and students and, by the use of the inductive method, as much as possible is drawn out from the student.

The cranial and spinal nerves are taken up by themselves with also a few lectures on the sympathetic system and its very intimate relation to the cerebro-spinal is prominently brought out, and the far-reaching effect of this correlation, as instanced by many symptoms referred to parts at a distance from the seat of the trouble, is explained upon anatomical grounds and rendered

more intelligible by the use of diagrams and blackboard drawings by the instructor; these drawings the student is required to repeat in quizzes and test examinations. One combined lecture and demonstration each week is also given to the class, in sections, on the advanced anatomy of the viscera of the thorax and abdomen, which is illustrated by models, charts, and also by the stripped living model, on which the students are required to outline the surface markings and location of viscera by means of crayons; in this way the student is familiarised with the practical application of the work. Previous to the course in obstetrics a series of about six demonstrations is given on the anatomy of the female pelvis by actual dissection of the cadaver; eight demonstrations are also given on the male genitourinary anatomy, these being illustrated by dissections, models, and drawings.

A few demonstrations are given on the lymphatic system, and the more important joints are taken up in class and their action in dislocations and fractures explained and shown by means of a set of prepared ligaments. In both years written test examinations are held from time to time for the benefit of the student and instructor, the results are recorded and taken into consideration in making up the final standing of the student at the end of the year.

In the anatomical laboratory the freshman student is assigned to the dissection of the part upon which he is receiving demonstrations in class; section I. being assigned to the upper, section II. to the lower extremity; upon completion of their respective courses and parts they are changed about. This plan obviates the great drawback of dissecting one part and receiving demonstrations on another at the same time.

Each student is given a card on which the regions of the part he is dissecting are outlined and, as these are satisfactorily dissected and shown to the demonstrator of anatomy, they are checked by him and it is essential that the student present a completed card to obtain his final examination in practical anatomy. This plan has been adopted for the purpose of preventing men from obtaining an examination without doing the full amount of dissection, and has been found to work very satisfactorily. In addition to this, a record of the standing of each student, as judged by the quizzes, is kept in the office of the demonstrator. These quizzes are given by either the demonstrator, one of the assistants in anatomy, or one of the advanced students who are appointed for this work; a complete record of all work done in the dissecting room is thus had and no student is eligible for his final examination in dissection until his record is satisfactory. The final examination on each part is given either

in December or in April, by the demonstrator of anatomy, and consists of twenty to thirty minutes oral examination on the dissected cadaver and skeleton.

The sophomore student in the dissecting room is assigned to the head and abdomen for the reason that his work in class is thus correlated. A list of all the structures in the order in which they are met with in the work on the cadaver has been prepared and this forms the blank previously referred to, a few notes on the application of their work and some general anatomical laws, such as Hilton's rule for the nerve supply of joints are incorporated in this syllabus.

The criticism has often been made by the clinical teachers that, although the average medical student spends much time in the study of anatomy, when he comes to the bedside or the operating room he is unable to answer simple questions, or reason out for himself the results of certain disturbances in definite structures. This may be due not so much to his ignorance as to the fact that if the method of teaching as given in nearly all works is followed, he will learn anatomy synthetically, whereas nearly all the questions involving a knowledge of anatomy arising at the bedside in the examination of a patient will be from an analytical point of view, to which, unless previously instructed, he is perfectly unaccustomed; as for example, if asked what nerve supplies the peronei group of muscles, and what is their action? he will very probably be able to give a correct answer; but if shown a certain deformity of the foot and asked how this is accounted for, he may very possibly be unable to tell what muscles and nerve are involved unless his attention has been drawn to that aspect of the question when he is working on that part in the dissecting room. It is practically the same question but reversed.

Both in the dissecting room and in all classes, the teaching is directed to present the study of anatomy from an analytical as well as a synthetical point of view. Not only is this double presentation of the subject, so to speak, valuable from a practical standpoint but it also simplifies the memorising of a vast deal of work, by increasing the interest. From among those students who stand highest and who otherwise show an aptitude for the work, certain ones are chosen by the demonstrator of anatomy to act as prosectors to the assistants, their duties being to prepare dissections for class work, and also to quiz and assist the freshmen students in their work. These positions are considered an honor and the competition for them results in better work universally.

An additional spring course during the month of May lasting for five weeks, and consisting of work in dissection has been held for the past three years. During this term an opportunity

is given those who care to take it, to do their dissection work when they can devote their entire attention to it, or to make up backwork, or repeat work on which they have failed to pass. The attendance on this course has averaged thirty.

In the junior year a course of two lectures a week is given to the whole class upon the applied anatomy of the whole body, but more especially those parts important in medicine and surgery, with illustrations from specimens, models, drawings and the living subject. JAMES A. GIBSON.

AT THE January meeting of the faculty of the medical department of the University of Buffalo, Dr. Montgomery Crockett was given a year's leave of absence.

DR. JAMES E. KING, instructor in obstetrics in the medical department of the University of Buffalo has been given a year's leave of absence by the faculty. Dr. King will spend the year in New York in study.

THE faculty appointed Dr. Burton T. Simpson to teach embryology and Dr. E. C. Mann, to teach obstetrics during Dr. King's absence.

AT THE staff meeting of the Buffalo General Hospital in January the resignation of Dr. James E. King, as assistant in the department of gynecology was accepted. The staff nominated to fill the vacancy Dr. E. C. Mann, the trustees later making the appointment.

ABSTRACT.

Celloidin in Surgery.

DR. FREDERICK HOLME WIGGIN, New York, (*International Journal of Surgery*, May, 1904,) details the technic of an appendicitis operation. After suturing the wound and disinfecting the skin, he applies the following solution:

R Alcohol, 96 per cent.
Ether ..... āā 49½ ozs.
Celloidin ..... 1 oz.
Add ol. ricini ..... ½ oz.
M. et ft. sol.

This thoroughly seals the wound, but permits of its complete inspection, as the celloidin is transparent. The dressing also acts

as a splint and holds the edges of the wound in proper position. If properly applied, it prevents infection of the wound and tissues from displacement of the bandage or careless handling. This is a great advantage, especially when the surgeon is obliged after the operation to leave the patient during convalescence to the care of others.

The preparation was first called to his attention by Mr. E. Stanmore Bishop, of Manchester, England It must not be applied too liberally, as it has strong contractile powers and if too large a surface is covered it is likely to contract sufficiently to cause the edges of the wound to turn inward. The solution should be made fresh for each operation, as ether and absolute alcohol evaporate rapildy. Care must be exercised to see that the skin is well dried and the wound is not oozing, or the solution will not adhere properly. A piece of gauze is placed over the dressing and held in place with adhesive strips lightly applied, so as to make no pressure. After four or five days if there are no signs of infection, this can be removed. When properly applied, the celloidin will adhere for eleven or twelve days; but if there is an infection it will be found loose and can be removed like an old scab.

Dr. Wiggin has used this dressing for five or six years and has found it very satisfactory and a great aid in his surgical work.

Note on Therapeutic Value of Petrogen.

Every physician will appreciate the value in applied therapeutics of a preparation with which it is possible to obtain the full constitutional effect of a medicament through the medium of local application, for by this method it would be possible to administer such drugs as iodine, creosote, methylsalicylate, and others, without producing disturbances of the gastrointestinal function which often follow their internal administration. In petrogen (notice of which appears on page xviii.), Messrs. John Wyeth & Brother offer a vehicle which is claimed to be non-irritating to the most delicate and inflamed surface and immediately penetrates through the integument or mucous surface, carrying with it the medicament in solution, into the general circulation. It is also asserted as possible with this product to procure not only the therapeutic action of the medication upon the local tissue with which it comes in contact, but to obtain the peculiar systemic effect inherent to the several medicaments.

The heirs of Professor Virchow have given $12,500 to be applied toward the prevention of infant mortality in Berlin.—*Med. Age.*

BUFFALO MEDICAL JOURNAL.

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EDITOR:

WILLIAM WARREN POTTER, M. D.

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Dust and Noise as a Cause of Disease.

IN great cities the medical profession has come to understand that dust and noise are causes that operate importantly in creating disease and in preventing its cure. Dust causes and aggravates diseases of the respiratory tract; noise causes and aggravates disease of the nervous system.

Dust containing disease germs is licked up by the wind and is respired by the throngs that pass along the streets. Just in proportion as a city maintains cleanliness in its avenues of traffic and pleasure, will the disease rate be reduced or maintained at a minimum insofar as respiratory diseases are concerned. The best method of securing clean streets may be regarded as still undetermined; but there is one method which the street cleaning commissioner in New York, Dr. John McGaw Woodbury, has adopted that appeals to common sense as possessing scientific value. We refer to disinfecting the gutters and piles of dirt with a germicide solution before removal. Dusty air causes consumption and weakens lung power if it contains disease germs. Dust, therefore, should not only be reduced to a minimum, but its disease creating power should be destroyed if possible, before it is taken up by the atmosphere, subsequently to be inspired by the people.

If, as has been asserted by competent authority, persons in sound health do not furnish a suitable culture medium for disease germs, then it is very important to keep the population in good health,—to foster resisting power by every reasonable means. How can that be done unless they are prevented from breathing pathogenic bacteria into their lungs? We suggest this as an important question to be taken up by our health authorities.

It has been asserted that the influence of noise as a cause of disease is quite as great as that of dust; the difference being that dust poisons the system through the respiratory tract, while noise manifests its deleterious influence through the nervous system. In health, noise causes irritation and pain, disturbs digestion, prevents sleep and depresses the physical and mental powers, reducing the normal resistance to disease. In sickness, noise simply becomes an abomination, aggravating symptoms, retarding cure, and in many instances absolutely preventing recovery.

The worst feature of all this is, that most of the noises that produce disease or prevent recovery belong to the preventable class. In these days of clocks and watches there is small need of factory whistles and church bells to announce the time for labor, refreshment, or religious services. Such methods are archaic and do not belong to the fashions which should prevail in cities at the present day. If we should undertake to make a catalogue of noises which are, to say the least, needless and wholly within the range of prevention, the list would be a long one. It would embrace noises created by screaming and whistling and those made by cats, dogs, chickens, cows, newsboys, hucksters and scissors grinders, and the noises made in beating carpets, chopping kindling wood, cutting iron, rattling coal through steel chutes, and other unnecessary noises, which could easily be stopped; these and many others which we need not mention at this time.

In Buffalo, the screeching of the fire tug and the bellowing of the fog horn are abominations that ought to make every official ashamed, from the mayor down to the distinguished citizens who pull open the throttles of these two destroyers of peace and health.

The men who control factories, drive locomotives, attend stationary engines, manipulate fire tugs, and deal with other noise producing machinery are, themselves, indifferent to the noises they create and are careless of the comfort and welfare of their fellow citizens. Unless they are controlled by the iron hand of power and law, they will never abandon their propensities to create noise and confusion.

Perhaps it would be wise to organise a society for the prevention of noise and the suppression of dust. Not until some such powerful organisation is created that shall have for its purpose the enlightenment of the community and, above all, the awakening of the city officials from their indifferent lethargy concerning these matters, will the citizens obtain relief.

Since writing the foregoing, another side of the dust problem has been presented to us, through the action of a prominent railway in the adoption of a new method in cleaning its cars.

We could wish also that it would suppress the Pullman porter with his dust brush and pan, and whisk broom, who makes life wearisome and the air almost unbreathable for the parlor car passenger. We print the article referred to entire as an addendum to this presentation of the dust and noise problem:

ADVANCED METHOD OF REMOVING GERMS AND DUST FROM RAILWAY CARS.

The management of the Central Railroad of New Jersey has made another step of advancement through the recent installation of a system of car cleaning which has the universal approval of the health authorities along its line, and as it is practically the first transportation company to adopt it, the method may be of interest to our readers.

The old method of car cleaning with a whisk here and a dash there with a broom or duster, was not only unsanitary, but unsatisfactory, for the reason that it had the effect largely of removing dust and dirt from one section, and depositing it elsewhere: but under the new method, which is termed the Vacuum Sweeping System, the dirt and dust is drawn from the car by suction through a pipe, and is gone forever. The New Jersey Central has erected an immense vacuum plant in its Jersey City yards, and for a distance of 3,600 feet has laid pipe, varying from two to five inches in diameter, covering in all about three miles. At short intervals this pipe is tapped and from these cocks is run the flexible hose, which may be taken in the car either by door or window. At the foot of the hose is a metal pipe with a flat triangular end, along the base of which is an opening, and through which the dust and dirt is drawn by the vacuum or "drawing-in machine" located a distance away. The operator runs the slot opening over the cushions, carpets, curtains, wood-work, etc., and without any commotion or dust raising, every loose particle or germ is whisked away, everything being left clean and wholesome. The dust thus removed, before reaching the great "drawing-in machine" must pass through two dust separators, the first of which clears the air of 90 per cent. of the grit, dust and germs; the second separator or cylinder draws the air through water in which corrosive sublimate is used, and completes perfectly the purification. The New Jersey Central management has for a long time felt the necessity for a more sanitary method of car cleaning, and the vacuum system, while reducing disease liabilities to a minimum, at the same time reduces the cost of cleaning and time consumed. Two cars can be thoroughly cleaned under the new system at the same expense of time and money as was formerly consumed in cleaning one, and this in connection with the increased sanitary value, is sure to cause its general introduction within a short time, not only by other transportation companies, but by theatres, hotels, places of public resort and even the home.

In still further amplification of this subject we present the following from *American Medicine*, January 21, 1905:

SCIENTIFIC STREET CLEANING.

An example of what can be accomplished by honest endeavor, controlled by scientific knowledge, in the administration of affairs concerning the public is furnished by the work of Street Cleaning Commissioner John M. Woodbury, of New York. Not satisfied with the old and inefficient method of cart-sprinkling and sweeping, he introduced the plan of washing the streets by means of compressed air machines, or with hose from the hydrants. Instead of laying the dust by sprinkling, he says the streets should be washed so clean there will be no dust. During the past year an average of sixty miles of street has been washed daily, between the hours of one and four in the morning. By washing, Dr. Woodbury means applying the water with sufficient force to remove the gum which clings to the surface of asphalt; this, he says, is the only sanitary way to clean such pavement. The proof of his assertion is found not only in the comparative freedom from dust as raised by the older methods, but also in a more positive way of bacteriologic tests. The latter show that bacteria are very largely removed from the streets by washing them as described. An agar plate exposed at a point on Fifth avenue just after the passage of a sprinkling wagon developed 460 colonies of bacteria. A second plate, exposed at the same place for an equal time after approved flushing of the street, showed only 10 colonies. Another proof of the efficacy of the plan adopted is the low death rate in the part of the city which has been so cleaned for a considerable period of time. Extended comment upon these facts would be superfluous. They are made possible by putting the right man in the right place, a consummation devoutly to be desired in many of our graft-cursed cities.

Another Conviction for Substitution.

THE *Canadian Journal of Medicine and Surgery* in its edition for January, 1905, comments as follows:

Kress & Owen vs. Cruttenden.—On the eighth day of December, Police Magistrate Denison, in the police court, registered a conviction against Thomas Cruttenden, Jr., who keeps two drug stores in Toronto; one at the corner of Howard and Sherbourne streets, and the other at the corner of Gerrard and Sumach streets, for infringement of the trade mark, duly registered in Canada, owned by Kress & Owen Company, 210 Fulton street, New York, "glyco-thymoline." The evidence conclusively showed that the defendant had put up a preparation under the name of "glyco-thymol," in bottles almost identical to those of Kress & Owen

Company, and with labels worded verbatim et literatim to those of the original manufacturers. The magistrate, in registering the conviction, gave the defendant's solicitor, who hinted at an appeal, to understand that, if he entertained that idea, he would not only fine but imprison his client as the law provided. The case was adjourned for a week, at the end of which time Cruttenden, through his solicitor, gave an undertaking that he would stop all manufacture of glyco-thymol and destroy all labels, bottles, and the like, connected with the sale of that preparation.

The firm of Kress & Owen Company are deserving of congratulation over the result of this case. They had every reason for prosecuting Cruttenden, as it was nothing short of dishonest, and entirely contrary to the law, that he should stoop to such practises and try to rob a firm who, by strictly ethical advertising (solely to the profession) and the expenditure of about $175,000 per annum, have secured a large sale of glyco-thymoline, a preparation found valuable in catarrhal conditions of the mucous membrane.

PERSONAL.

Dr. Marshall Clinton, of Buffalo, has been commissioned assistant surgeon of the 65th Regiment N. G. N. Y., vice Dr. F. C. Busch resigned. This appointment carries with it the rank of captain, and Dr. Clinton comes into the service with ample experience, having served as assistant surgeon of the 202d N. Y. volunteers during the Spanish war.

Dr. Charles Sherman Jewett, of Buffalo, was elected president of the medical staff of the Sisters of Charity Hospital at the last annual meeting of the attending physicians and surgeons, who constitute that body.

Dr. Benjamin H. Grove, of Buffalo, was elected president, Dr. Francis J. Carr, vice-president, and Dr. Vertner Kenerson, secretary, of the Emergency Hospital at the recent annual meeting of the medical staff.

Dr. Roswell Park, of Buffalo, delivered an address on the History of surgery in America at a meeting of the Buffalo Historical Society, held January 8, 1905.

Dr. L. S. McMurtry, of Louisville, president of the American Medical Association, recently spent a day in Buffalo, the guest

of Dr. William Warren Potter. Dr. McMurtry was on his way to Albany, to attend, by invitation, the ninety-ninth annual meeting of the Medical Society of the State of New York.

Dr. D. W. Harrington, of Buffalo, who was quite ill in December, has become convalescent and is journeying in the south to complete his recovery.

Dr. George F. Cott, of Buffalo, announces the removal of his office to No. 85 North Pearl street, in the Dr. Bennett block. Bell telephone.

Dr. A. H. Briggs, of Buffalo, who has served twenty-five years in the medical corps of the 65th Regiment N. G. N. Y., rising to the rank of major-surgeon, was recently promoted to be lieutenant-colonel by brevet for faithful and meritorious service. Colonel Briggs was also the recipient, a few weeks ago, of a testimonial dinner at which the hospital corps of his regiment presented him with a sword in token of respect and esteem, and in commemoration of the twenty-fifth anniversary of his military service. Seldom do such marked honors fall to a medical officer in the state national guard service, and none could be more deserving of such than our distinguished colleague, Colonel Briggs.

Dr. Briggs was elected vice-president of the Medical Society of the County of Erie during its annual meeting held at Buffalo, January 10, 1905.

Dr. James L. Gallagher, of Buffalo, was recently appointed visiting physician at the Emergency Hospital, vice Dr. John H. Pryor resigned.

Dr. John H. Pryor, formerly of Buffalo, now superintendent of the New York State Hospital for Incipient Tuberculosis at Raybrook, visited his old home a few days ago, receiving a cordial welcome from his many friends in this city.

Dr. Edwin Walker, of Evansville, Ind., has recently completed a seven months' sojourn in Europe, most of which time was spent in the surgical clinics of the old world. Dr. Walker is at the head of one of the largest and most successfully conducted sanitariums in the mid-southwest, and resumes his large practice splendidly equipped to deal with the intricate questions that confront him.

OBITUARY.

Dr. Arthur T. O'Hara, of Buffalo, was found dead in his quarters at the quarantine hospital, East Ferry street, Sunday morning, January 1, 1905. His sudden death was attributed to cardiac rheumatism, a disease which had afflicted him for some time. Dr. O'Hara was 43 years old and for thirteen years he had been superintendent of the Buffalo quarantine hospital. This practically isolated him, thus depriving him of the ordinary social and professional privileges accorded physicians in general. He, however, became a specialist in contagious diseases, his opinion often being sought in doubtful or obscure manifestations. He was held in high esteem by the health authorities, not only because of the faithful discharge of his exacting duties but, further, because of his skill in his chosen field and of his professional uprightness. His body was incinerated at the Buffalo crematory.

Dr. Madison H. Rose, of Thornton, Ind., a graduate of the University of Buffalo in 1861, died at his home, December 16, 1904, aged 72 years. Dr. Rose served as a medical officer during the civil war, attaining the rank of surgeon.

Dr. Thomas H. Manley, of New York, died at his home, January 13, 1905, aged 54 years. His death, which was caused by pneumonia, was somewhat sudden and came while he was in robust life and engaged in an active practice. He was visiting surgeon to the Harlem and Metropolitan hospitals.

Dr. Byron C. Pennington, of Atlantic City, N. J., died at his home January 1, 1905, aged 47 years. He had been in failing health for some time, having visited Bermuda in the early winter, hoping to stay the progress of a disease that was already manifesting a dangerous attitude. Dr. Pennington was elected one of the vice-presidents of the American Medical Association at its last annual meeting.

SOCIETY MEETINGS.

The Medical Society of the State of New York is holding its ninety-ninth annual meeting at Albany, just as these pages reach the eyes of our Buffalo readers. The President is Dr. Hamilton D. Wey, of Elmira, and the secretary is Dr. Frederic C. Curtis, of Albany. The dinner to the ex-presidents was given at the

Fort Orange Club Monday evening, January 30, by Dr. W. G. Macdonald, of Albany. The society convened Tuesday morning, January 31, at 9.30. Tuesday evening at 8.30 the session was held in the senate chamber at which an address was given by Dr. Charles Harrington of Boston, and the president's annual address was delivered. At 9.30 a reception to Dr. L. S. McMurtry, President of the American Medical Association, was given by Dr. Leo Händel Neuman, of Albany. The annual dinner was given at the Ten Eyck, Wednesday evening at 8.30, immediately after the president's reception. At 12 o'clock noon Thursday, February 2, a special meeting was held to take further action on the unification of the medical profession in the empire state. A large number of important scientific contributions were read and discussed.

At the annual meeting of the Southern Surgical and Gynecological Association, held at Birmingham, Ala., December 13-15, 1904, the following-named officers were elected: president, Lewis C. Bosher, Richmond; first vice-president, John D. S. Davis, Birmingham; second vice-president, I. S. Stone, Washington; secretary, W. D. Haggard, Nashville; treasurer, Charles M. Rosser, Dallas. The next meeting will be held at Louisville, in December, 1905.

The monument erected by the association to its founder, the late Dr. W. E. B. Davis, was unveiled in Capitol Park, Wednesday, December 14, at 11 o'clock, in the presence of 5,000 people, including the members of the association. An invocation by Rev. Dr. L. S. Handley, an address by Dr. Charles M. Rosser, of Dallas, Texas, the unveiling by Elizabeth and Margaret Davis, the little daughters of Dr. Davis, an address by Dr. R. M. Cunningham, acting Governor of the State of Alabama, an address by Hon. John C. Forney, representative of Mayor Drennan, who was unavoidably absent, constituted the ceremonies.

The Canandaigua Medical Society held its fortieth anniversary meeting January 19, 1905, at the residence of Dr. Matthew R. Carson. But two of the original members survive, Dr. John B. Chapin, of Philadelphia, and Dr. Carson himself.

At the annual meeting of the Medical Society of the County of Erie held January 10, 1905, the following-named officers were elected: president, John D. Macpherson, Akron; vice-president, A. H. Briggs, Buffalo; secretary, F. C. Gram, Buffalo;

treasurer, D. C. Greene, Buffalo. Censors: H. R. Hopkins, J. H. Grant, Irving W. Potter, Ernest Wende and F. E. Fronczak, Buffalo. The full proceedings will be published in a forthcoming number of the JOURNAL.

THE Esculapian Club held its regular monthly meeting at the Hotel Touraine, Thursday evening, January 19, 1905, at which it was entertained by Dr. C. J. Reynolds. The subject discussed was The insanity of pubescence, by G. R. Trowbridge.

THE Elmira Academy of Medicine held its annual meeting Wednesday evening, January 4, 1905. Program: Plastic surgery—is it a lost art? The repair of some of the common accidents incident to parturition, early and late, Joseph Price, Philadelphia; Perineal prostatectomy, William B. Jones, Rochester; President's address, Hamilton D. Wey.

THE Buffalo Academy of Medicine held meetings during the months of December and January as follows:

Section on Obstetrics and Gynecology.—Tuesday evening, December 27. Program: Experiences in the prechloroform era, Silas Hubbard, "42"; Autointoxication and its relation to the pelvic organs, J. E. Walker, Hornellsville, N. Y.

Section on Surgery.—Tuesday evening, January 3. Program: (*a*) The treatment of chronic laryngeal stenosis, John Rogers, New York; (*b*) The treatment of chancre and chancroid, David E. Wheeler; (*c*) Protozoa in the blood of frogs, Mr. Joseph Lewis.

Section on Medicine.—Tuesday evening, January 10. Program: (*a*) The value of certain procedures in the treatment of pneumonia, DeLancey Rochester; (*b*) Some remarks on the action of the Röntgen rays, Grover W. Wende.

Section on Pathology.—Thursday evening, January 19. Program: A preliminary report on an experimental research concerning the nature of immunity in cancer, H. R. Gaylord, G. H. A. Clowes, Mr. F. W. Baeslock.

Section on Obstetrics and Gynecology.—Tuesday evening, January 24. Program: The nature and surgical treatment of chronic facial and obstetrical palsies, L. Pierce Clark, A. J. Taylor, New York.

COLLEGE AND HOSPITAL NOTES.

The Manhattan Eye, Ear and Throat Hospital, New York, will erect a new building on 63d street, to be twelve stories high and to accommodate about 400 ward patients and 50 private patients. A feature of the Manhattan hospital is its postgraduate department. Here any physician holding a recognised degree may take a three months' course in various phases of surgery connected with the special work of the hospital.

The Batavia Hospital is to receive a gift of $5,000 from Mrs. Adelaide R. Kenney, as indicated by the following letter addressed to the board of directors:

"Inasmuch as the town is endeavoring to secure three new factories, which will be of great benefit to Batavia, but will necessitate an expenditure by the village, and as we need the hospital enlarged, and as we do not wish to ask the people for more money, if the directors will secure satisfactory plans which will include a nurses' home, an operating room, and more wards, to be built for $5,000, I will give the $5,000."

For the generous gift the directors by a rising vote extended to Mrs. Kenney a most hearty vote of thanks.

The University of Buffalo announces the second series of university lectures to be given by the following named gentlemen: Frank Hyatt Smith, Lewis Stockton, Harlow C. Curtiss and Herbert P. Bissell, each of whom will deliver a course, respectively, on English literature, Popular government, American history, and German literature. The fee for each course is $5.00.

Brigham Hall, a hospital for nervous and mental diseases, located at Canandaigua, N. Y., has recently issued a handsome brochure, beautifully illustrated, giving an account of the institution. It was founded in 1855, and is one of the most famous private hospitals for the treatment of the class of diseases referred to, in this country. It is under the charge of Dr. D. R. Burrell, who ranks among the most eminent alienists of the present day.

Four of the trained nurses who have recently returned from Japan, where they were serving in the base hospital at Hiroshima under the direction of Dr. Anita Newcomb McGee, have volunteered to go to Panama to nurse in the hospitals of the Canal Commission.—*Medical Age.*

BOOK REVIEWS.

Gallstones and Their Surgical Treatment. By B. G. A. Moynihan, M.S. (Lond.), F.R.C.S., Senior Assistant Surgeon to Leeds General Infirmary, England. Octavo, 386 pages, illustrated, including nine colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net.)

The surgical treatment of gallstone disease is fast becoming the accepted method, not only in the presence of acute symptoms but upon assured diagnosis at any stage, or even in the absence of symptoms if gallstones be present. Mr. Moynihan is the apostle of the surgical treatment of gallstone disease and it is most appropriate that he has given us a treatise on the subject, because of his large experience and ripe judgment. The eleven chapters of his book are replete with interest and discuss every feature of the subject, from the anatomy of the gallbladder and ducts which forms the subject of the first chapter, to operations for obstruction of the common duct which are detailed in the final chapter.

One of the chief claims of this treatise to professional favor is its nature, being based upon the clinical experience of the author, which is very large. It will be remembered by many that Mr. Moynihan visited this country in May, 1903, and took part in the proceedings of the Congress of American Physicians and Surgeons at Washington. His discussion of the surgery of the stomach and of gallstone disease was such as to impress his audience with his knowledge and surgical skill.

The present work will do much to increase the confidence of the medical profession in the surgical treatment of the disease, particularly in the earlier stages of its manifestations during which, until comparatively recently, the practice has been to depend upon medicine instead of surgery,—upon drugs instead of the knife. Now, however, the most progressive physicians are ready to admit that, in the presence of obstructive gallstone disease with urgent symptoms, they are powerless to relieve, and the aid of the surgeon must be sought in order to save life.

We cannot speak too highly of Mr. Moynihan's modest presentation of this great subject and we hope his book will make its way into the hands of every physician as well as surgeon, who makes any pretense to keep pace with the progress of professional events.

Diseases of the Liver, Gallbladder, and Bile Ducts. By H. D. Rolleston, M.D., Physician to Saint George's Hospital, London. Octavo, 794 pages, illustrated, including seven colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $6.00 net.)

Great importance of late has become attached to the diseases of which this book treats, particularly because many of them are

amenable now to surgical intervention. Without doubt this is the most comprehensive treatise relating to diseases of the liver and its appendages that has appeared in English, and is destined to become recognised authority by teachers and practitioners of medicine.

The recent acquisition of island possessions in the tropics by the United States has stimulated the study of diseases incident to the climate on the part of American physicians. This treatise will assist very much in the acquirement of knowledge concerning many tropical diseases. In this relation the section on tropical abscess of the liver has special interest and significance. That the disease is closely related, if not largely dependent upon, dysentery, is now believed; indeed, it has been so demonstrated to the satisfaction of the most careful observers of tropical diseases. Such being the case intestinal disease, and especially dysentery, possesses increased importance for the student of tropical diseases. Of course, other causes of tropical abscess apart from dysentery are to be considered, but dysentery seems to be allotted chief place at present.

Probably no disease of the liver has received more attention or been the subject of greater controversy than cirrhosis of that organ, primary or secondary. Rolleston assigns over one hundred and sixty pages to its consideration, and it may be remarked that nowhere has the subject been discussed so clearly, so completely, and we might add, so masterfully as here. Syphilitic disease of the liver is only second in importance to the foregoing because it is less frequent than cirrhosis. But Rolleston gives a complete clinical picture of the disease as well as a description of its several methods of manifestation and a terse account of the gummata.

Gallstone disease is the subject in the final section of the book, and the entire volume is filled with material that can only be appreciated by studying it carefully from beginning to end.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines. By Boardman Reed, M.D., Professor of Diseases of the Gastrointestinal Tract, Temple College, Philadelphia. Octavo, 1021 pages. Illustrated. New York: E. B. Treat & Company. 1904. (Price, $5.00.)

A book of lectures of diseases of the stomach is to be welcomed at this time because, among other reasons, a treatise in such form is apt to bring out the latest and best methods of diagnosis and treatment and, moreover, to present them in readable, not to say entertaining form. This is precisely what this author has accomplished. While it is apparent that he has not made startling discoveries nor demonstrated great and original methods he has, nevertheless, done the profession of medicine some service in giving it a good treatise constructed on modern pathology, etiology, diagnosis and treatment. It is also quite apparent

that the incongruities of style as well as defective grammatical constructions here and there are incident probably to the lecture method without careful revision, but these will disappear no doubt when the next edition is put forth.

We confess it is difficult to understand why an author who has made a modern book, medically speaking, should mar it by permitting it to print violations of present day orthography. The spelling of words differs under varying conditions of time and environment. The orthography of today is the result of evolution, differing materially from that of the eighteenth century, as will the orthography of the twenty-first century differ from ours. The medical profession is slow to adopt changes, but there is no good reason why it should not be consistent. If "hemorrhage," why "anæmia," "ætiology," and the like. Another thing—in expressing the possessive of a proper name ending in *s*, an apostrophe and an *s* should be added: thus, Boas's, instead of Boas'. If we, as a people, are not ready to adopt the so-called reform spelling, we may at least use simple English, and "write as we speak."

If a medical student in the pursuit of his studies relating to diseases of the stomach and intestines should buy this book and study it closely, he will prepare himself to deal with those questions intelligently, and will equip himself to meet all examinations, relating to them.

A Textbook of Clinical Diagnosis by Laboratory Methods. For the use of Students, Practitioners, and Laboratory Workers. By L. Napoleon Boston, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadelphia. Octavo, 547 pages, with 320 illustrations, many in colors. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net; sheep or half morocco, $5.00 net.)

The laboratory is playing such important part in the diagnosis of most diseases that it is almost as difficult to keep pace with its ever improving methods, as to follow the advances of all the other diagnostic processes. The author designs this book as an aid to the medical student and general practitioner, having adapted it in particular to their needs, by limiting its scope to such simple technic as can be carried out without complicated or elaborate armament. The blood, as might be anticipated, receives first attention and its study is given in minute detail, including the recent methods of examination and staining, which are admirably illustrated.

Next to the blood, the urine claims attention, each, however, covering about the same space,—one hundred and forty pages,—and each receiving the most exhaustive description, though in neither section is there any display of overdoing, all being told in simple words that are not used without necessity or meaning; that is to say, every word seems to have been weighed and none is used that has not its precise place.

The section on the urine will prove of interest to every practising physician, because he must needs know all that can be learned by subjecting this excretion to the most careful scrutiny; and in this work there is so much that is practical and not a little that is original in the studies of the urine. All the newer methods of investigation are described and the significance of the findings are enumerated. The studies of animal and vegetable parasites possess peculiar interest at this time when their significance is being interpreted with more accuracy than heretofore, and when new ones are being found with sufficient frequency to lend interest constantly to the subject.

The illustrations are numerous and creditable,—many being of unusual excellence, especially those in colors delineating the blood under various conditions. It is a book that is likely to become a part of the textbook equipment of every student who wishes to master the art of clinical diagnosis.

A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College, Philadelphia. Second edition, thoroughly revised and enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colors and monochrome. New York and Philadelphia: Lea Brothers & Company. 1904. (Cloth, $5.00 net; leather, $6.00 net.)

Something like eight years ago (February, 1897,) the Journal had the pleasure of reviewing the first edition of this treatise, pointing out in considerable detail its many excellent features. Since that time many advances have been made in obstetrics, hence a new edition intended to embrace all those of value is sent out.

One of the first characteristics of the new edition that attract attention is its increase in size over the old, the new containing 809 pages as against 553 pages in the old, and this difference of 256 pages is a good expression of the relative advancement of the science and art of obstetrics beyond its status when the book was issued the first time. A similar note may be made of the illustrations for, whereas the first book contained 217 engravings and 30 plates, this one presents 274 engravings and 39 plates.

The author is a teacher of experience and is capable of giving expression in writing to that which is most needful to him who is in search of light, be he undergraduate pupil or general practitioner, junior or senior; or, again, if he happens to be a teacher of obstetrics,—even all these may profit by studying or examining this treatise.

The methods of treatment advised by the author are based on his personal experiences. Without entering into a detailed account of the author's methods, we may, nevertheless, reaffirm our opinion as previously expressed,—that it is a popular textbook and takes rank among the best of obstetric treatises. Besides giving full information from the beginning to the end on the subject of obstetrics proper, it deals also with the infant in health,

and in disease, and finally, with the jurisprudence of obstetrics. The latter topic is rarely taken up in such a treatise, and this fact alone increases the value of the book to junior physicians.

The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs Memorial *x*-ray Laboratory of the University and Bellevue Hospital Medical College, New York. Second edition, revised and enlarged. Octavo, 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $5.00 net; sheep or half morocco, $6.00 net.)

The interest manifested in the mysterious realm of electrical medicine reaches the extreme of curiosity when two editions of a book on *x*-ray diagnosis and treatment are issued within a single year. The appetite for the spectacular is very great, not alone among patients but it must be admitted that physicians, likewise, are affected by the same inordinate hunger, perhaps in more moderate degree let it be said to professional credit. There is danger, however, that even physicians will become afflicted with acute indigestion if the morbid appetite for electrical display is not checked in some manner.

In September of last year we spoke in praise of Pusey and Caldwell's work in the *x*-ray field. We expressed the opinion that the influence of their book would do much to lift the practice with *x*-rays up to a higher level and to disarm the fakir of much of his stock in trade. The early demand for a second edition indicates that their work has taken root, not only in the direction named, but that it has appealed to students of electricity in general as well as to surgeons and dermatologists in particular.

So little new has developed in this direction of late, the authors in presenting a new edition have done little more than verify some of the clinical data previously given out. During 1903, many wrote, while, but few said anything that would add to the common stock of knowledge on this topic.

This book is printed on heavy calendered paper,—a detriment we think: it makes the book heavy—though, of course, its pages look fine. It is illustrated much as before, and is a handsome volume.

Diet in Health and Disease. By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhräh, M.D., Clinical Professor of Diseases of Children. Octavo, 689 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $4.00 net.)

The first attempt to cover a distinct field in medical literature is always marked by difficulties and embarrassments to be overcome, that require special qualifications of mind and training to deal with. This book contains material collected from all

available sources brought together for the first time in readable form, and will prove of value to every physician who treats disease. The regulation of diet is one of the first duties of the medical man nowadays, and he needs at hand just this work to aid his judgment or assist his memory.

The work has been constructed with special reference to the necessities of the bedside and the consulting room,—of the clinician, hospital assistant or resident physician, general physician, and student of medicine. It is adapted to the sick and the well, to the invalid and the infant, to the over-fed and under-nourished. Here, too, are diet lists for the nurse to study and become familiar with, and for the physician to utilise; rectal feeding is fully considered and food adulteration is amply dealt with, and there are many other features which contribute to make this book the most useful of its kind yet published.

Blood Pressure, as Affecting Heart, Brain, Kidneys and General Circulation. By Louis F. Bishop, M.D., Physician to the Lincoln Hospital, New York. One hundred and twelve pages. New York: E. B. Treat & Company. 1904. (Price, $1.00.)

This timely work calls the attention of the profession to the victims of circulatory disease who live from months to years without intelligent treatment, because their physicians have failed to appreciate the early symptoms of disturbance of blood pressure.

The author considers in succession, first, alteration of pressure: second, primary low pressure cases and their management. In this class of patients he lays especial stress upon weakness and strain as an etiological factor. He next considers high pressure cases and their management and especially commends the Nauheim treatment for this class of patients no matter what the origin.

The book closes with a chapter devoted to the estimation of blood pressure and the use of the nitrites for its modification. We commend this book as a thoughtful presentation of the subject. J. W. P.

A Textbook of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M.D., author of Simon's Clinical Diagnosis. Second edition. Revised and enlarged. Octavo, 500 pages. Philadelphia and New York: Lea Brothers & Company. 1904. (Cloth, $3.25 net.)

The original edition of this useful textbook was issued about three years ago. It proved most helpful to medical students and physicians who had not been able to study adequately the subject of physiological chemistry.

The author discusses in detail the three great classes of food stuffs,—the albumins, the carbohydrates, and the fats,—with which every medical student and physician should familiarise him-

self. The chemistry of digestion is set forth in a full and interesting manner; the excretions are given important heed; reconstructives are amply considered, and the glandular organs receive due attention; in short, there is no omission in this book that can be pointed out, which has any important bearing on the subject. It has been revised with great care, such additions having been made as were necessary to meet changed conditions, including an appendix of laboratory exercises, and the whole treatise has been brought down to the immediate present, as far as it is possible with ever changing knowledge on many of the questions involved in these researches.

It is a work of today in every respect and exemplifies the importance of a familiarity with laboratory studies on the part of the student of medicine; nowhere else can he obtain that knowledge which is so well imparted in this book, and with which he may enter the laboratory prepared to assist in working out new problems.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, M.D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and Hospital. Octavo, 327 pages. New York: Frank F. Lisiecki, Publisher. 1904.

The distinguished author of this monograph is a pioneer in the field which his book contemplates, his method having been first proposed by him in an article published in the *Medical News*, April 22, 1899, and which constitutes the opening chapter in this work. The book, in its first two-fifths, consists of a collection of essays pertaining to the surgical treatment of Bright's disease, published by the author at various times and in different periodicals during the past five years. The remaining three-fifths consisting of new material, deals mainly with the results of the method advocated and put in practice by Edebohls. The whole subject is hardly more than sub judice at the present time, yet what is here said in relation to it possesses the keenest interest for both physicians and surgeons.

Textbook of Nervous Diseases and Psychiatry. By Charles L. Dana, M.D., Professor of Nervous Diseases and (ad interim) of Mental Diseases in Cornell University Medical College. Sixth revised and enlarged edition. Octavo, 690 pages. Illustrated by 244 engravings and three plates in black and colors. New York: William Wood & Company. 1904. (Price, $4.00.)

This author is among the leading teachers and writers on the subjects dealt with in this treatise. He has written one of the best books in English, relating to nervous and mental diseases. This is its sixth edition within a comparatively few years. It is adapted to the use of specialists, and those who desire to pursue inquiries relating to the topics with which it has to do; those, we mean, who already possess some knowledge of them and desire more; those who are seeking, earnestly and studiously,

the best there is, for here they will find facts and thoughts expressed tersely and clearly, that will lead them to a better understanding of these often subtle and sometimes incomprehensive diseases.

When a book has advanced to its sixth edition so promptly, and when, also, it has been more than once copiously reviewed in these columns, it would seem that it is quite unnecessary to say more at this time.

Dana announces that he is in sympathy with the proposition that makes as few people insane as possible, of narrowing the conception of the major psychoses and enlarging that of the minor,—views that will appeal to everybody who has studied nervous and mental disease to any purpose.

Kirke's Handbook of Physiology. Revised by Frederick C. Busch, B.S. M.D., Professor of Physiology, Medical Department, University of Buffalo. Fifth American revision, with 535 illustrations, including many in colors. New York: William Wood & Company. 1904.

The chief interest in this edition of this standard work on physiology resides in the fact that it has been revised by a Buffalo physiologist, who is steadily rising to the first rank among the younger teachers of this topic. Dr. Busch has performed his work well, having made only those changes deemed absolutely necessary to keep the book up to the level of present methods. The blood and its circulation necessarily come in for a share in the revision, the studies in this field of late having led to a modification of former teachings, especially regarding blood pressure and its influence on the economy in health and disease. Other subjects in which changes became necessary to meet advancing knowledge were respiration, digestion, and muscle-nerve physiology. Interesting studies in muscle contractility are detailed in chapter fourteen. Some changes have been made in the illustrations, both by adding new and eliminating old ones, in order to more clearly explain the text.

In its present state and under its auspicious rehabilitation Kirke's handbook is likely to occupy the front row on the physiological stage for some time to come.

A Textbook of Materia Medica, including laboratory exercises in the Histologic and Chemic Examinations of Drugs. For Pharmaceutic and Medical Schools, and for Home Study. By Robert A. Hatcher, Ph.G., M.D., Instructor in Pharmacology in Cornell University Medical School of New York City; and Torald Sollmann, M.D., Assistant Professor in Pharmacology and Materia Medica in the Medical Department of the Western Reserve University of Cleveland. Duodecimo, 410 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Flexible leather, $2.00 net.)

It is a good plan to make the study of materia medica as attractive as possible by creating books and methods that please the eye and engage the mind. This textbook is constructed on the

lines mentioned, by adopting modern methods in the teaching and study of the subject; in other words, by popularising the laboratory plan of teaching and by insisting upon objective as against didactic instruction. In this way much of the dryness hitherto attached to materia medica is eliminated and a dull topic is changed to one of interest. It became necessary for the authors to create a book which would give the necessary information in convenient compass in order to impart instruction by this method inasmuch as none such was in existence; hence this work, which is commended for its compact, systematic, and scientific presentation of the laboratory method as applied to materia medica.

A Manual of Experimental Physiology. By Winfield S. Hall, Ph.D., M.D., Professor of Physiology, Northwestern University Medical School, Chicago. Octavo, 245 pages. Illustrated. New York and Philadelphia: Lea Brothers & Company. 1904. (Price, $2.75.)

An experienced teacher presents in this attractive volume the fruits of his labors in a most important field of experimental research.

A good impression of the scope of the volume may be formed from the following summary of its contents. After an introduction to the subject, part I. on experimental general physiology, takes up cytology and the general physiology of muscles and nerve tissue. In part II, on special physiology, will be found the chapters on the circulation of the blood; on respiration; normal hematology; digestion and absorption; vision; the nervous system and the muscular system.

An important feature of the work is the attention given to the physiological action of drugs,—a matter of extreme value. Too little attention, we fear, is paid to this subject by the average physician, not to speak of its neglect by the undergraduate. We know of no more useful preparation for medical practice than the mastery of the teachings of this manual.

Saunders' Question Compends: Essential of Chemistry, Organic and Inorganic. Containing also questions on Medical Physics, Chemical Philosophy, Medical Processes, Toxicology, etc. By Lawrence Wolff, M.D., formerly Demonstrator of Chemistry at the Jefferson Medical College, Philadelphia. Sixth edition, thoroughly revised. By A. Ferree Witmer, Ph.G., formerly Assistant Demonstrator in Physiology at the University of Pennsylvania. Duodecimo, 225 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $1.00 net.)

With so full a title page as the foregoing little need be said of a sixth edition of this compend, excepting to remark that it now contains material on organic chemistry, organotherapy, and the substituted ammonias, besides titles on the recent discoveries in physics, and inorganic chemistry. The book deals with a topic that peculiarly fits a compend, and this compend particularly fits the topic with which it deals.

A Textbook of Diseases of Women. By Charles B. Penrose, M.D., formerly Professor of Gynecology in the University of Pennsylvania. Fifth edition, thoroughly revised. Octavo volume of 539 pages, with 221 illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $3.75 net.)

Two years ago the fourth edition of this treatise was noticed in these columns, and now comes a fifth,—a remarkable showing of popularity. The author, who was formerly professor of gynecology at the University of Pennsylvania, is one of the successful younger gynecologists and appears to know what the student requires in the pursuit of this branch of medical science.

The present edition shows extensive revision and it has not only been reprinted but recopyrighted, so that it brings the material down to the present moment, as far as its practical teachings are concerned. It is essentially a book for students of medicine and appears to be appreciated by them from the remarkable demands made for it.

How to Cook for the Sick and Convalescent. Arranged for the Physician, Trained Nurse, and House Use. By Helena V. Sachse. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott Company. 1904.

It is an art to cook properly for well persons; it is a science to cook for the sick. Frequently the prompt recovery of a sick person depends quite as much upon the cook as the doctor. In this book one may learn not only the way to make food toothsome, but also how to make it serve the highest purposes of nutrition without taxing digestion unduly, or delaying the assimilative processes. Miss Sachse has called to her aid what might be called, with great propriety, the chemistry of cookery, and has produced one of the most helpful adjuncts of the armamentarium of the sick room that has come within our purview.

A Handbook of Surgery. For Students and Practitioners. By Frederic R. Griffith, M.D., Surgeon to the Bellevue Dispensary, New York City. Duodecimo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Flexible leather, $2.00 net.)

It is well, since there must be handbooks, to have as much completeness as possible in the presentation topics, especially when surgery is the subject. This book is encyclopedic in its method of dealing with details, and is made to embrace not only general but special surgery, including many items not surgical strictly speaking, yet of value to those who practise surgery. It is illustrated with wood cuts and is printed and bound in the same general style as Stevens's Manual of Medicine, to which we presume it is intended to be a companion. In any event, this is a form of handbook that will be ever popular with undergraduates preparing for examination, and with junior physicians looking for hints.

Regional Minor Surgery. By George Gray Van Schaick, M.D., Consulting Surgeon to French Hospital, New York. Second edition, enlarged and revised, 228 pages. Illustrated. New York: International Journal of Surgery Company. 1904. (Price, $1.50.)

A book of this kind in the hands of the beginner in surgical practice should do much good. It serves as a reminder in many conditions where deftness and a knowledge of technic may prevent formidable secondary complications that might arise from neglect or delay, and which, then, in all probability would require major surgical procedures.

The author in this second edition has made revisions and added some material, which brings it forward to the present time, and makes it a useful book for the general practitioner of medicine to have at hand.

University of Pennsylvania. Contributions from the William Pepper Laboratory of Clinical Medicine. (Reprints). No. 4. Philadelphia. 1903.

These several reprints bound together in this form become convenient for reference, but their value would be much increased if a good index were added. The topics dealt with in this number includes diseases of the nervous system, injury of the cord and fractures of the vertebræ, hydrophobia, feeding by the rectum, percentage modification of milk for infants, acetanilid poisoning, diseases of the eyes, blood pressure, dermoid ovarian cyst, carcinoma of the appendix, and several other papers. The aggregation represents much excellent work in the laboratory that issues the book.

BOOKS RECEIVED.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States. For the fiscal year 1904. Walter Wyman, M.D., Surgeon-General. Washington: Government Printing Office.

Transactions of the Twenty-sixth annual meeting of the American Laryngological Association, held at Atlantic City, N. J., June 2, 3 and 4, 1904. James E. Newcomb, M.D., Secretary. New York: Rooney & Otten Printing Co.

A Compend of the Practice of Medicine. By Daniel E. Hughes, M.D., formerly Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia. Seventh revised edition by Samuel Horton Brown, M.D., Assistant Dermatologist, Philadelphia Hospital. Including sections on Mental and Skin Diseases. Duodecimo, pp. 779. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, flexible leather, $2.50.)

Blakiston's Quiz Compends. A Compend of the Diseases of the Eye and Refraction. By George M. Gould, Editor of American Medicine and Walter L. Pyle, Assistant Surgeon to Wills Eye Hospital, Philadelphia. Third edition, revised and corrected. One hundred and nine illustrations, some in colors. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, $1.00.)

The Diseases of Society (The Vice and Crime Problem). By G. Frank Lydston, M.D., Professor of Genitourinary Surgery, State University of Illinois. Small octavo, pp. 626. Illustrated. Philadelphia and London: J. B. Lippincott Co. 1904. (Price, $3.00.)

Pneumonia and Pneumococcus Infections. By Robert B. Preble, M.D., Professor of Medicine, Northwestern University. Duodecimo, pp. 211. Illustrated. Chicago: Cloyd J. Head & Co. 1905. (Price, $1.00.)

Transactions of the American Surgical Association. Vol. XXII. 1904. Edited by Richard H. Harte, M.D., Recorder of the Association. Philadelphia: Wm. J. Dornan, Printer. 1904.

The Surgical Diseases of the Genitourinary Tract, Venereal and Sexual Diseases. A Textbook for Students and Practitioners: By G. Frank Lydston, M.D., Professor of the Surgical Diseases of the Genitourinary Organs and Syphilology in the Medical Department of the State University of Illinois (the College of Physicians and Surgeons). Second revised edition. Illustrated with 233 engravings and 7 colored plates. Pages xv.-1008. Philadelphia: F. A. Davis Company. 1904. (Cloth, $5.00 net; sheep or half-russia, $6.00 net.)

A Treatise on Diseases of the Nervous System. By L. Harrison Mettler, M.D., Associate Professor of Neurology, College of Medicine of the University of Illinois. Octavo, 1,000 pages. Illustrated, including two color plates. Chicago: Cleveland Press. 1904. (Cloth, $5.00; half morocco, $6.00.)

Textbook of Insanity based on Clinical Observations. For Practitioners and Students of Medicine. By Dr. R. von Krafft-Ebing, late Professor of Psychiatry and Nervous Diseases in the University of Vienna. Authorized Translation from the Latest German Edition by Charles Gilbert Chaddock, M.D., Professor of Diseases of the Nervous System in the Marion-Sims-Beaumont College of Medicine, Medical Department of Saint Louis University, Saint Louis. With an Introduction by Frederick Peterson, M.D., President of the New York State Commission in Lunacy. Pages xvi-638. Royal octavo. Philadelphia: F. A. Davis Company. 1905. (Cloth, $4.00 net; half russia, $5.00 net.)

LITERARY NOTES.

Messrs. William Wood & Company, New York, have issued a brochure entitled, One hundred years of publishing (1804-1904). It is handsomely printed on heavy calendered paper, is well illustrated with portraits of the several members of the firm from its establishment down to the present time, and pictures of the different buildings it has occupied during the last century. It contains an interesting history, covering a lengthened period of time, during which nearly all of the best printing in the world has been evolved.

The *Saint Louis Courier of Medicine* is publishing a series of articles on the Care of premature infants written by Dr. Zahorsky, in which he gives his full experience relating to the care of premature infants and the baby incubator at the Louisiana Purchase Exposition.

ITEMS.

Apollinaris, that best of table waters, was awarded the Grand Prize, the highest award at the Saint Louis Exposition, for its high qualities as a natural mineral water. The United Agency Company, New York, is the distributing medium for the United States and Canada.

The Mellier Drug Company, of Saint Louis, has issued a calendar for 1905, which on the obverse presents a picture in color of Go-Shono an Apache medicine man. On the reverse the history of tongaline is given and the calendar proper is printed. This work of art will be sent to any physician on application to the publishers, 2112 Locust street, Saint Louis.

The Lambert Pharmacal Company, Saint Louis, has supplied the necessary month cards to renew the utility of the Listerine calendar for 1905. It is a useful office contrivance and may be obtained by those who have failed to receive it upon addressing the Lambert Pharmacal Company, Saint Louis.

The Antikamnia Chemical Company, Saint Louis, is distributing the antikamnia calendar for 1905, which is entitled Sympathy. It is a reproduction in color of Gatti's celebrated painting, which is considered a beautiful work of art. Upon the reverse is the calendar proper and several interesting items concerning Antikamnia tablets.

The Arlington Chemical Company, Yonkers, N. Y., with the beginning of the new year issued Volume II. of the Law and the Doctor. This pamphlet treats of the physician as a witness, and will be found a useful guide to any one who wishes to familiarise himself with court procedure on that important point, especially is it a handy reminder, containing, as it does, a digest of all the important questions likely to fall within the domain of the medical witness.

The Hudor Company, Buffalo, owing to an increased demand for pure drinking water, has enlarged its distilling plant and improved its methods, thus enabling it to offer pure distilled water at the reduced rate of 10 cents a gallon. This celebrated company also supplies Hudor lithia water, sarsaparilla, birch beer, lemon soda, ginger ale and other sparkling beverages at reasonable prices.

BUFFALO MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

What Medicine is Accomplishing Today.[1]

BY HAMILTON DOX WEY, M. D., Elmira, N. Y.

THE practice of the medical profession, when brought to the attention, other than through the common round and daily task, as by the medium of narrative and pen picture, quickens the pulse and increases its tension as the story is unfolded of the struggle with disease and amelioration of human suffering. I take exception to the frequently expressed and ill-considered statement that contact with misery and familiarity with the morbid processes we denominate disease blunt the sensibilities of the physician, rendering him insensible to distress of mind and body and unmindful of effects immediate and remote upon the individual, the family, and even the community itself.

From disease successfully combatted, life spared and prolonged through surgical intervention, there accrue a satisfaction and pleasure transcending personal considerations. Much as we may affect brusqueness of manner and force into the background expression of sentiment and feeling, there is woven into the woof and warp of our composition, the feelings, emotions and sentiments tending to and constituting the ethical condition termed altruism.

In consonance with this, professional life, reflected in the mirror of romance, strengthens the impulses and perceptions, endearing to us,—if such a thing be possible,—our profession, and, in the presentation afforded of the combined view of patient and physician, quickens our thoughts in connection with subjects it is fitting we should scan at times, revealing the physician as

1. Anniversary address of the president of the Medical Society of the State of New York. Delivered in the Senate Chamber at Albany, January 31, 1905, during the ninety-ninth annual meeting.

we would have him appear, and as we ourselves would impress ourselves upon those with whom we come in contact.

I regard it as not sentimentalism, but the evidence of deep feeling and tender touch with the seriousness of living, that the story of "Rab and his Friends" and the tale of "A Doctor of the Old School" should occasion a dimming of vision in their perusal. It is a distinction of which the land of the heather may well be proud that two such pen pictures should have originated within her border. Reference is due to Balzac's "Country Doctor," and the list might be multiplied of works descriptive of the practitioner of medicine in remote regions and under trying circumstances typifying progressive and advanced medicine.

But the tragedy and pathos of medicine are not confined to narrative and pen tracing. Along the skirmish line of militant medicine, in advance of the rank and file of the profession, occur incident and happening surpassing in tragedy and emotion anything presented in mimic life. No general upon the battlefield or soldier pressing forward to rescue the falling colors of his regiment, exhibited greater bravery and more complete indifference to personal safety than did Dr. Ephraim McDowell in the performance of his first ovariotomy upon that memorable day of 1809. The knowledge an excited crowd of men were waiting without to do him violence, even to the taking of his life in the event of Mrs. Crawford dying upon the table, did not deter him from the performance of his duty, as it appeared to him, nor rob his hand of its skill and cunning.

The illustrious names in medicine and surgery that have come down to us through succeeding years are those of men in the skirmish line or in the front ranks of advancing medicine, and far removed from rank and file. They appear with peculiar and particular distinctness in the history of medicine, and with a distinction attaching to them different in kind from that enjoyed by those famous in the profession today.

There are several reasons for this, among which, I opine, are the times in which they lived, their personality emphasised by separation from one another, and the particular and distinct benefits they conferred upon medicine. In their day there was not the communication, contact and parallel lines of research that characterise the present, but to a greater or less degree each advance made and truth declared was sporadic in character. Today research, revelation and advancement is epidemic,—it is windborne,—so that he who reads must run.

The application of Ambrose Pare in 1552 of the ligature to vessel ends in amputation; the work of Jenner in connection with vaccination and preventive medicine; association of the Chamber-

lains with the obstetrical forceps, (albeit their fair fame was clouded by their secrecy and unethical conduct); devising the stethoscope by Laennec; advancement made by Graves in the treatment of febrile diseases and the distinction, "He fed fevers," attaching to him; the efforts of Pinel for a humane and merciful treatment of the insane are cited as instances of outposts of militant medicine. The citations are few, offered without intent of invidious distinction or discrimination against the fair fame of others equally illustrious. Your knowledge of medical history will readily supply omissions.

Coming down to more recent date, we find ourselves under the immediate influence of the achievements of Morton in the production of ether anesthesia; Sir James Y. Simpson's discovery of the anesthetic properties of chloroform and its applicability to the alleviation of pain during childbirth; Holmes's declaration of the contagiousness of puerperal fever; the efforts, research and investigation of Virchow and his pupils to render medicine into an exact science through the application of applied methods; the contributions to and labors of Sims and Emmet in the field of gynecology; materialness of Lister upon surgery and surgical technic of today arising from his appreciation of the import of wound infection, and the researches of Pasteur and Koch to elucidate and demonstrate the germ nature of infectious disease.

Without being bound to or obstructed by precedent, the trend of professional life is onward. The theory and practice of today have superceded that of yesterday and will, in turn, be displaced by that of tomorrow. Blind adherence to the dogma and methods laid down by college days is no longer in order. The practitioner, to retain his prestige and preserve professional influence in the community in which his lines are cast, must join and be one of the procession moving onward. The camp follower is discredited and the man who stands still in his professional tracks unswervingly committed to methods of the past and a generation ago, impairs his usefulness and renders himself a reminder of other days.

Individual limitation relegates many physicians, and the same is true of other walks of life, to the plane of mediocrity. Many, susceptible of professional betterment and capable of occupying a higher position than the one they fill, are prevented by family and other considerations, readily suggesting themselves, from participation in the educational advantages and opportunities now offered the practitioner.

But despite the low terms of personal equation, evidenced by inflexible routine practice, acquaintance with medical literature, chiefly through the medium of proprietary journals, and the

absence of spirit that permits of the application of the appellation "Doc"; also the necessitous circumstances incident to practise in a sparsely settled and rugged country, barely yielding a present living and without affording future provision for dependent ones; the influence of progressive medicine and the reflex of advanced thought are felt and manifest with resultant conferring upon each community and every locality an increased standard of ordinary medical skill.

This applies equally to remote sections, where surgery is practised with a fearlessness and in kind that a few generations since would have been associated with most illustrious names. In glen and upland, far removed from the conventionalities and polish of city life, weather-beaten, prematurely aged and furrowed men, with touch as delicate and tender as that of fond mother cooing over her laughing babe, are performing hysterectomies, removing diseased ovaries and operating in cases of septic appendicitis. And by no means do all their patients die. Patients sometimes die in cities! But to such men at times, in moments of retrospection, after a difficult case, carrying with it perplexity, anxiety and uncertainty as to the outcome, the sentiment uttered by the "Doctor of the Old School", "A' did what a' cud to keep up wi' the new medicine, but a' had little time for readin' and nane for travelin,'" is felt if not expressed.

It is a privilege to have practised medicine during the decade last passed and the years immediately preceding. Within this period the "germ theory of disease", dreamed of and speculated concerning by the physician of a generation and longer ago, has become an established fact. I say established fact, but with the reservation that while the *status presens* of our knowledge has not yet reached the stage of recognition, isolation and culture of particular protozoa and bacteria associated with each morbid entity, yet, nevertheless, the advance made and benefits accruing to the practice of medicine at the present time from laboratory methods and research hold forth the reasonable expectation the near future will reveal the true character of the materies morbi of most, if not all disease, the manner of propagation and transmission and indicate scientific and exact procedure of treatment in place of an expectant and empirical plan.

From the demonstration by Koch in 1882 of the bacillus tuberculosis to the present time is comprised a period of revolutionary medicine. Etiology of disease, pathology, treatment, preventive medicine, the domain of medicine and surgery, the welfare of mankind have been incalculably benefited by the researches of those, our associates, who, while not generally engaged in the actual practice of medicine, have conferred alike upon patient and physi-

cian benefits and increased capacity for well doing transcending calculation and description.

I refer to the laboratory workers,—biologists, bacteriologists, hematologists. In response to their tireless, never ceasing activity, new terms and expressions have multiplied and an almost new medical nomenclature. Successive editions of standard works relegate their predecessors as curiosities to upper shelves of the library. Almost all that remains of use or value to us in the writings of the pastmasters of medicine is their classic language and the accuracy of description of the objective phenomena of disease.

It has been tersely stated: "Science does not demand practical results, but investigates for the purpose of establishing facts and explaining phenomena." Preconceived ideas do not always develop actualities, and established facts not infrequently have their origin in investigation seeking other facts than those obtained.

The discovery of the Klebs-Loeffler bacillus antedated Behring's serum eight years and its employment in the treatment of diphtheria. Here a little and there a little, established fact after fact, singly of comparatively little value, or only suggestively so, in conjunction become of greatest importance as exerting an influence upon the material prosperity and economic conditions of lands and nations in the elucidation of the nature of disease, agent of communication, prophylaxis and treatment.

Nearly twenty years intervened between the discovery by Laveran of the parasite of malaria and the conclusion of Celli: "That up to now the certain vehicle, and at the same time the certain source of the malarial infection, are special mosquitoes and the air is the vehicle of malaria, inasmuch as it is the vehicle of malarial mosquitoes."

I repeat, it is a privilege to practise medicine in these latter days, to have participated in whatever degree in the medicine of the last two decades. It is not permitted all to be original workers, to be identified with signal advance or achievement in medicine or surgery, but to each is permitted to maintain the dignity and reputation of the profession by adaptation to the methods of today,—use of diphtheria culture for the purpose of establishing diagnosis; the Widal reaction in doubtful or suspected cases of typhoid fever; blood examination in appropriate cases. The list might be further multiplied. It is unnecessary, however, so to do. The profession, generally, in close file, is marching onward, but there are following stragglers. It is incomprehensible there should be at this day those who shrink from the administration or question the efficiency of diphtheria antitoxin,

a remedy that has reduced the mortality of this once more than now dreaded disease to approximately 2 per cent. when given during the first twenty-four hours.

The flitting years comprised in the professional activities of many of us have witnessed the revolutionising of surgery through antispetic measures and asepsis, identification of the bacillus of tuberculosis, typhoid fever, diphtheria, tetanus, anthrax, rabies and other conditions. Serum therapy, which, while not meeting wild expectation in every instance, in results and applicability has established itself as an indicated means of treatment in proper cases. Disappointment has been expressed, as in typhoid fever immunisation and the serum treatment of this disease, but failure in certain lines emphasises success in others, and stimulates expectation as to what the future has in store.

Whatever the future contains of promise, there is compensation in present living and relation to the near past, by reason of the Röntgen ray in diagnosis and treatment; the Finsen and other lights in therapeutic relation; intubation, through which the name of O'Dwyer is held in blessed memory, superceding that disappointing operation of last resort,—tracheotomy; the rôle of insects in the dissemination of disease, as flies of typhoid fever, emphasised during the Hispano-American war; the relation of special mosquitoes to malaria and yellow fever. It is impossible to estimate the benefits conferred and yet to accrue to countries and commerce through the study of this phase of insect life, in the prosecution of which Reed, Lazear and Graham laid down their lives in the fulness of their strength and intellect. "Greater love hath no man than this, that a man lay down his life for his friends."

For the first time in history, war is being waged with regard to preventive medicine. Japan is demonstrating to the world disablement and death from disease can be made to fall far below that arising from contact and the implements of war,—a reversal of past experience. So broad the field of research and many and varied the benefits accruing to medicine and surgery, voice fails and pen halts in attempted narrative and particularising. Each in his own sphere, general practitioner and specialist, has his energies and attention taxed in his efforts to keep abreast with that most closely related to the phase of medicine with which he is identified.

It is manifestly impossible for any one mind to master all problems of medicine and surgery. But, nevertheless, and especially in the case of the busy practitioner, there is unconscious acquiring of knowledge of what is new and progressive in medicine. Throughout the state, in villages and smaller cities, hos-

pitals have multiplied schools for postgraduate instruction, a feature to the end the practitioner is enabled to familiarise himself with the new medicine, improve his operative technic and quicken diagnostic skill.

The hospitals referred to, in addition to primal purpose, are educational factors in their respective localities. They confer benefits upon members of their staff, contributing to the latter's experience and skill and enlarging the field of their activities. As many benefits accrue to the staff as the staff renders the hospital, and in the conferring of these benefits and privileges, the standard of medicine in a given locality is enhanced. Every community is benefited in the broadest meaning of the term by a hospital, and every physician connected therewith is a better, broader and more useful man by reason of such connection. The relation of smaller hospitals in rural and semiurban districts to schools of postgraduate instruction is a reciprocal one, each benefiting the other, both an earnest of scientific, precise medicine, and the influence of both, year by year more manifest and widespread. Both alike stand for higher education and rational medicine.

There is much to learn from European custom, which permits the savant, grown gray and proficient in his life's work, to continue uninterruptedly the study of the various problems of health and disease under government auspices, secure in his position, and without embarrassment of study on account of concern for the matters of everyday life.

Private largess is encouraging more and more research and elucidation of the medical questions of the day, but, unless in the form of endowment sufficient for the prosecution of specific inquiry, may prove capricious or pass with the death of an individual. Is the state discharging its obligation in the premises? The reply is not unreservedly in the affirmative. The bounty of the state is extended with liberal hand on account of pleasure and palate, in the betterment of the product of the farm and field, safeguarding from causes inimical to them, and in afforded opportunity for sport in forest and stream. But does it afford capacity for adequate enjoyment of these in conserving of the public health?

The sum, approximately, of $85,000 is available for all purposes in connection with the work of the state department of health: protection of potable waters, investigation of alleged nuisances, maintenance of cancer, antitoxin, pathological and bacteriological laboratories, the bureau of chemistry and registration of vital statistics; 12 per cent. of the appropriation of 1904 for agricultural and correlated objects and 27 per cent. of appropriation on account of forest, fish and game commission. In other

words, the state expends annually 1.1? cents per capita for purposes pertaining directly to public health. Had it been necessary, an equal amount expended in the preparation and distribution of antitoxin to public and charitable institutions and for treatment and immunisation of the indigent and needy, those whose circumstances do not permit of the purchase of the remedy, would have been a public economic measure.

Aside from the work in hand and done, there is another phase of an active state department of health dealing with the immediate questions of the day and its influence upon the public at large, worthy of mention. Each diphtheria culture made, Widal test and examination of suspected water for evidences of sewage pollution, are educational factors and create in the various localities whence originating a sentiment favorable to laboratory methods, and greater precision in diagnosis. But the distance from various parts of the state and the time required for the receipt of reports of bacteriological and other examinations is often too great to allow the physician awaiting returns from a central bureau to verify diagnosis and indicate a plan of treatment. The factor of time is of importance and treatment in the interim must be instituted.

It would appear the time has arrived for each county to afford laboratory facilities. There should be a county bacteriologist to make blood counts and examinations, diphtheria cultures, Widal tests and examinations for pathologic bacteria, as the bacillus tuberculosis and the micrococcus of Niesser, and perform routine laboratory work, as related to general every-day practice of medicine. There are county officers connected with and of less importance to public weal than would be one of the character just suggested. Cities and many of the larger villages provide for themselves in this respect, and thus, in a measure, meet the demands of immediately contiguous territory.

County laboratories should not be regarded as an accommodation or concession to the profession, but occupying a higher plane, a benefit to the community in its entirety, without relation to class. Blood count and examination, interrogation of excretory and secretory products, cultures and laboratory work in general, pertain specially to no school or dogma of medicine, but are the conferred benefits of science and progression, applicable alike to patient and physician and conducing to the common welfare.

The establishment of county laboratories would relieve a central department of much routine work, emphasise the value of the latter as an advisory center, and confer greater latitude and opportunity for original investigation and research than obtains under existing conditions.

It may be asked, with the establishment of county laboratories, whence are to come those qualified and equipped to perform the duties in connection therewith? The spirit of the times, the incentive to onward march, has reached regions remote from medical and teaching centers. The law of demand and supply everywhere obtains. Once the demand created, I believe immediately or in brief time would be found those qualified to undertake work of the kind referred to. There are those skilled in microscopy and competent to engage in labors of the character under description, and others proficient in the use of the microscope, but not altogether grounded in laboratory methods. The former are available, and the latter, with prospect of an appointment, would, in comparatively brief time, qualify through special study and instruction to assume duties of the kind referred to, or as soon as the establishment of such an office could be provided.

The problem appears one easy of solution: the difficulty is in the initiation. Professional opinion and influence can alone create public sentiment favorable to progressive medicine. A double obligation rests upon the profession: the attaining of high standards and the education of the public thereto.

359 Main Street.

The Need of a Medical Library in Buffalo.[1]

By William C. Krauss, M. D., Buffalo, N. Y.

TO THE casual observer, the past decade has been characterised by a movement so overtowering that it might well be called the "era of consolidation." Whether for the public weal or woe, the idea of concentration has taken strong hold on the American mind and we have seen, especially in the commercial world the bringing together of strong industries into still stronger ones and the formation thereby of trusts and corporations of almost inconceivable power and influence.

The advantages which they derive or hope to derive are: (1) the further development of the best equipped and most available; (2) the elimination of duplication and overproduction, and (3) the saving in expense in production and disposal of their products.

But whether beneficial or detrimental to the individual, they have no doubt been the means of almost converting "agricultural America" into industrial America in the eyes of the world.

1. President's address delivered before the eighty-fourth annual meeting of the Medical Society of the County of Erie, held at Buffalo, N. Y., Tuesday, January 10, 1905.

Consolidation in the scientific and literary worlds has its advantages equally potent as in the commercial world, and out of straggling, struggling units we see the upbuilding of powerful, aggressive institutions. I know of no better illustration than in the merger of the Lennox, Astor and Tilden foundations into the great New York Public Library, destined to rank with the strongest in the world. In the literary world we have witnessed the consolidation of the *New York Medical Journal,* and the *Philadelphia Medical Journal,* the *Cleveland Journal of Medicine* and the *Cleveland Annals of Medicine.*

Medical colleges, medical societies, both local and national—have felt the warmth of union and have fused together. The movement has invaded the East as well as the South, the West as well as the North.

Medical Buffalo has been no stranger to this epidemic of consolidation and unification, and those of us who have been active during the past fifteen years have played some part in making these changes to the benefit of the profession at large. To review briefly, these events I call your attention, first, to the consolidation of the *Medical Press of Western New York* and the *Buffalo Medical and Surgical Journal* into the BUFFALO MEDICAL JOURNAL in June, 1889.

In the spring of 1892, the Buffalo Academy of Medicine was formed by the consolidation of the medical societies of Buffalo, viz.: the Buffalo Medical and Surgical Association, the Buffalo Obstetrical and Buffalo Clinical Societies. In the summer of 1898 occurred the consolidation of the medical department of the University of Buffalo, and the medical department of Niagara University, and the two medical schools have since then slept in peace and harmony.

The amalgamation of the Medical Society of the State of New York and the New York State Medical Association was decided upon at the 1904 meeting of the state society, subject to the approval of the constituent county organisation. On April 9, 1904, this society in special meeting assembled, "resolved unanimously in accepting the conditions of the aforesaid agreement between the two state organisations in so far as they applied to this society and further agreed to do its part to complete the consolidation and make it effective. At a meeting of the Erie County Medical Association, held a short time thereafter, the consolidation plan was also unanimously adopted and the association adjourned *sine die.*

That the amalgamation did not succeed eventually, was not due to any interference or lack of harmony on the part of the Erie County medical organisations.

After so much consolidation, which includes the journals, the colleges, the city societies and the county organisations, one may be pardoned for enquiring: is there anything left medically, to consolidate? Alas! there is,—there is still left one of the most important adjuncts to a medical center,—the medical library.

The library is practically a storehouse of medical literature with the advantage that all material is arranged and cared for so as to be available at a moment's notice.

The value of the medical library[1] as a factor in medical education cannot be overestimated, and the fact is too widely acknowledged to be dwelt upon at length. As Dr. Spivak[2] has pointed out, the medical school course is merely preparatory for what is to follow:

> Real knowledge of the science and art of medicine is post-graduate. . . . *Private practice* is the first institution, a teacher grim and morose, but of the highest order, if one only knows how to take advantage of its chastising lesson. *Hospital practice* is an institution wherein instruction is more systematised, the observations more certain, and the results better noted. Unfortunately there are but few in a city and less in the country . . . who can utilise it. *Medical societies* are valuable means of education, fostering and encouraging thought. But they have their drawbacks—the stated meetings that one is unable to attend; the subject that one is obliged to listen to in which he is not interested; the idle and empty discussions from which there is no escape even in the best societies, etc. There is but one grand institution that stands above all, that has all the virtues and none of the defects of those enumerated, and that is the *library*. . . . On this shelf is my physiological laboratory, on the other my biological institute; here is my anatomical theatre, there my lying-in hospital.

The records of medical progress, thousands of clinical reports, the teachings and the research of the best medical minds of all times and all places will be found in the medical library and are there available to every student.

The first medical library in the United States was founded in 1760, but it is only within the last forty years that the great medical libraries of today have been built up, and only within the last decade that the medical library movement has become active and widespread. This larger movement of recent date is still in a formative stage, and it is with the purpose of showing how, by

1. The Medical Library Movement in the United States Albert T. Huntington. Brooklyn Med. Lib. and Hist. Journal, April, 1904.

2. The Medical Libraries of the United States. Philadelphia: M. J., 1898, ii., pp. 851-858.

proper organisation and coöperation, this movement may be made more effective, that this paper is written.

Dr. Albert T. Huntington,[1] of Brooklyn, secretary of the Librarian's Association has recently compiled from various sources a list of medical libraries and their resources in number of volumes, and date of organisation. The libraries containing over 5,000 volumes are as follows:

	Founded.	Volumes.
Surgeon General's office	1863	145,693
New York Academy of Medicine	1847	80,000
College of Physicians, Philadelphia	1788	75,995
Medical Society, Kings County, New York	1845	45,000
Boston Medical Library Association	1875	35,000
Newberry Library, Medical Department, Chicago	1890	30,000
Medical and Chirurgical Faculty of Maryland	1830	19,761
Boston Library, Medical Department	1854	20,235
University of Michigan, Medical Department	1850	15,000
Pennsylvania Hospital	1760	15,500
Hahnemannan Medical College, Philadelphia	1850	15,000
Rhode Island Medical Society	1879	12,500
New York State Library, Medical Department	1891	12,771
Cincinnati Hospital Library	1870	11,881
Michigan State Board of Health	1873	11,740
Rush Medical College Library	1837	10,000
Cincinnati Public Library	1871	10,000
University of Pennsylvania, Medical Department	1765	10,000
Cincinnati, Mussey Medical and Sci. Library	1875	9,824
Baltimore, Johns Hopkins' Hospital and Med. Society	1893	9,670
New York, Public Library, Medical Department	1895	9,000
Yale University Medical College	1813	8,300
Chicago, College of P. and S. Quine Library	1895	8,127
Worcester, Dist. M. Library	1820	7,837
Cleveland, M. Library Association	1895	7,000
Utica State Hospital Medical Library	1843	6,494
Syracuse University College M.	1872	6,321
University of Buffalo, Medical Department	1845	6,255
Waverley, Mass., MacLean Hospital	1880	6,000
Massachusetts General Hospital, Treadwell Library	1847	6,000
Colorado Medical Library Association	1893	5,342
Milledgeville, Ga., State Sanitarium	1887	5,256
Philadelphia, Academy Nat. Sci. of Philadelphia	1812	5,084
Alabama State Board of Health	1880	5,000
Philadelphia Mercantile Library M. Department	1821	5,000
Pittsburg University M. Department	1765	5,000
Vassar Bros. Hospital, Poughkeepsie	1897	5,000
St. Paul, Ramsey County Medical Society	1897	5,000
Minneapolis, Minn., University Minn. Col. M. and S.	1880	5,000
Augusta, Ga., Medical College of Ga. Univ. of Ga.	1829	5,000

Dr. Huntington's summary is as follows: 215 libraries containing 1,023,295 volumes, of which 164 are medical, with 912,330 volumes; 15 are homeopathic, with 40,653 volumes; 5 are eclectic, and the like, with 6,280 volumes; 9 are dental, with 5,093 volumes; 17 are pharmaceutical, with 54,692 volumes; 5 are veterinary, with 4,207 volumes.

1. *Medical Library and Historical Journal*, April, 1904.

If we should assume, he says, that all the libraries in the above list are in an active state of existence and their resources readily available to the profession, two striking facts are very evident. *First*, that certain centers are oversupplied with medical libraries and that the fusing of several distinct collections into one great library whose resources should be free to the whole profession could not be other than advantageous to the best interests of all concerned. *Second*, that there are certain large sections of the country which are utterly barren of adequate medical library resources.

As a matter of fact, however, probably not more than 60 per cent. of the libraries in the above list can be called active, even to a limited degree. This being the case, the need of centralisation in some localities and of extension in others becomes more apparent.

The Association of Medical Librarians, founded in 1898, held its seventh annual meeting at Atlantic City last June (1904), under the presidency of Dr. William Osler, of Baltimore. The object of the association is the "fostering of medical libraries and the maintenance of an exchange of medical literature among its members of which there are two classes: individual members or those interested in medical libraries, whether or not a medical librarian, and medical libraries, as corporate bodies, provided they contain not less than 500 volumes and have regular library hours and attendance."

The papers read at this meeting covered a wide range of subjects pertaining to medical libraries and the opinion gained ground that there was an urgent need for much aggressive spirit and work in this important field of medicine.

In his presidential address delivered at the fifty-fifth annual meeting of the American Medical Association, Dr. John H. Musser, in dwelling upon "Some Aspects of Medical Education," made reference to the Association of Medical Librarians as follows:

> We are not far amiss when we call attention to an organisation which in a quiet, unobstrusive way is bringing together the members of the profession on a common ground, where tares do not spring up and thistles do not blossom, but instead in an atmosphere clear, refreshing, invigorating. Jealousies do not thrive in libraries; books soften ambitions. No stronger, more liberal friendships can develop than those that come to book lovers. We owe a debt of gratitude to the Library Association and to its distinguished president, under whose fostering care the influence and power of the association is unfolding as the hardy rose, exhaling like it a fragrance which cheers and stimulates. Of the many abundant works we owe him none, we venture, will

be more satisfying to him and more lasting for good than the work of the Association of Librarians. This association should hold not its hand nor stint its heart in upholding its educational efforts.

This tribute was paid to Dr. William Osler, who was president in 1901, 1902, 1903 and under whose administration the membership increased 50 per cent. The president for 1904, was Dr. James Read Chadwick, of Boston, and it is largely to his untiring efforts that the profession of Boston owes its fine collection of medical books owned by the Boston Medical Library Association, of which he has been librarian since its founding in 1875. Among other advantages each library member is entitled, free of charge, to the following journals: *Albany Medical Annals, American Medicine, Brooklyn Medical Journal, Cleveland Journal of Medicine, Journal of the Association of Military Surgeons, Kansas City Medical Index Lancet, Medico-pharmaceutical Critic and Guide, New York and Philadelphia Medical Journal, Pennsylvania Medical Journal, St. Paul Medical Journal, University of Pennsylvania Medical Bulletin, Western Medical Review.*

In 1902 was established the *Bulletin,* devoted to the study of medical libraries—bibliography, history and biography, and one year later was merged with the *Medical Library and Historical Journal.* This journal enjoys the unique distinction of being the only magazine of its kind published in the English language. One of its objects—perhaps the most important—is to promote interest in medical libraries and their growth, the construction, administration and maintenance of libraries which have become such important adjuncts to medical education and medical progress. The list of contributors includes some of the foremost medical thinkers in America and the departments are managed in such a manner that shows it to be far from being a magazine devoted exclusively to "yesterdays."

What are other cities of the same class as Buffalo doing with this important question? Take for instance Cleveland and Cincinnati. The following letter from Dr. Dudley P. Allen, president of the Cleveland Medical Library Association is self-explanatory:

CLEVELAND, O., December 12, 1904.

W. C. KRAUSS, M. D.,

My Dear Doctor—I have just received your letter with reference to your address upon medical libraries. I should be glad to give you any assistance in my power since I am greatly interested in the subject. I have, however, in my possession nothing

which I think would be particularly interesting or helpful to you. All I can say is that here in Cleveland we have worked along with the problem in a quiet way with one of our public libraries for a period of ten or twelve years. Seven or eight years ago we purchased property of our own upon a leading street, and now own a valuable lot with a good house upon it, which we are utilising for library purposes. We hope soon to erect a building, the basement of which shall be used as a stack for books and the upper portion of which will contain an assembly room which would probably accommodate about three hundred. This room will be used as a meeting place for our various medical organisations.

The growth of our library has increased materially since we became owners of our own property, and we now have something over 13,000 volumes.

I write you this as the basis upon which I found my judgment of the wisdom of the library having a building of its own. I think the possession of real estate gives a stability to an enterprise not to be obtained in any other way, particularly if it is well located.

Regretting that I cannot aid you more in an enterprise which always interests me, I am,

Very truly yours, D. P. Allen.

At the annual of this association, held December 10, 1904, an address was delivered by Dr. George Ben Johnston, of Richmond, Va., on the medical men contributed to the United States by the State of Virginia. This association is in the best of health.

In a paper on The Medical Library Association of Cincinnati, by Dr. Henry Wald Bettman, published in the *Lancet Clinic*, of recent date, the growth and scope of the association is portrayed.

Dr. Daniel Drake who was an ardent enthusiast in the cause of medical libraries, was active in founding the first Cincinnati Medical Library Association in 1851. On January 10, 1852, he delivered a most eloquent address on the occasion of the opening of the reading rooms of the new organisation. He especially insisted upon the duties of large cities to become the centers for the diffusion of learning, and dwelt upon the necessity for the establishment of large medical libraries from which varied learning and profounder knowledge might be gathered by the graduate in medicine.

The library of the City Hospital was started in 1870. Dr. John H. Tate was its most zealous promoter. The Cincinnati Academy of Medicine appointed a committee of six to memorialise the legislature, and an act was passed providing for the present hospital library. In 1874 the library contained 1,511 volumes;

in 1884, 4,320 volumes; in 1894, 9,316 volumes; and at present nearly 15,000 bound volumes. Dr. William Carson guided the destinies of the library with great ability and foresight from 1880 to the time of his death, in 1893. Dr. P. S. Conner has been librarian since that time. The library has grown steadily in usefulness. It contains comparatively little "dead material." It possesses complete files of most of the practical journals in medicine and surgery in German, French and English.

The present Medical Library Association was organised in May, 1893, in the hope of enlarging the usefulness of the existing medical libraries. Its functions are: (1) to render the existing collections as accessible as possible by the preparation of the necessary indexes and catalogues; (2) to provide an attendant, trained in library methods, to assist those desiring to look up special subjects; (3) to extend the present collections by subscribing for journals not now taken; (4) to form a permanent organisation for the reception of gifts of books, or of endowments, and to collect medical photographs and instruments of historic interest.

An ultimate aim of the association would be to unite all local medical collections under one roof, in a fire-proof building, centrally located.

What a few other cities are doing: in Montreal, the McGill Journal Club has lately been established for the purpose of augmenting the journal resources of the Library of the medical department of McGill University. The club starts with a membership of about 60 and with annual dues of $2.00. The funds are to be devoted to the subscription to standard journals in the various branches of medicine not already taken by the library. When the resources of a library are limited, such organisations as this form a very valuable auxiliary. In Baltimore, the Book and Journal Club for many years has been of invaluable service to the Library of the Medical and Chirurgical Faculty of Maryland. Two years ago the Medical Library Association of Brooklyn was founded to perform a like service for the Library of the Medical Society of the County of Kings.

The last annual report of the committee on library of the Rhode Island Medical Society, published in the *Providence Medical Journal* (1904, v., pp. 116-118), shows a satisfactory growth of the library. Notable among the additions of books during the year was a collection of works on sanitary science, donated by Dr. Charles V. Chapin. One hundred and seventy-five periodicals are on current file. Dr. Horace G. Miller was re-elected chairman of the committee.

According to the *St. Paul Medical Journal* (1904, vi., pp. 206-207), the library of the Ramsey County Medical Society now contains upwards of 4,500 volumes and receives about 125 medical journals regularly. A permanent home for the library is already assured. The society has established a building fund and, when sufficient amount of money has been secured, intends to buy a piece of ground and erect a building.

Other medical libraries, with an income inadequate to provide the large number of special journals necessary to every well-equipped working library, will profit by adopting the same measures. It means a number of public-spirited physicians who are willing to contribute more than their share for the benefit of all.

Library associations are being organised in many of the southern cities, notably, Atlanta and Birmingham, Ala.

What is Buffalo doing with this movement which has taken such firm hold on the profession and which bids fair to increase in the next decade to a greater degree even than in the last? To this question we can only reply that as yet we are only watching the movement and have not as yet taken our place in the procession among the leaders where we justly belong. I have the honor to present to you an inventory of our library facilities, kindly prepared by Miss Emma L. Chappell, of the University library and Mr. E. P. Van Duzee, of the Grosvenor library.

At the present time there are in Buffalo existing under separate management the library of the medical department of the University of Buffalo, the medical library of the Grosvenor reference library, the medical library of the Buffalo Library Association, the library of the Erie County Medical Society, and the library of the Buffalo Academy of Medicine.

This list does not include the libraries of the Buffalo State Hospital for the Insane, numbering 1,000 volumes, nor the library of the German Hospital, numbering 400 volumes, nor that of the Buffalo General Hospital, numbering—volumes, nor the State Cancer Laboratory, containing 250 volumes.

Medical library, University of Buffalo, number of volumes, January 1, 1905, 6,896. Number of files complete of (1) American journals, 11: (2) foreign journals, 12. Number of files incomplete, (1) American journals, 122; (2) foreign, 32. Number of additions annually to library, 279. Amount appropriated for purchase of medical books, state, $100.00; medical department, $200.00; total, $300.00. Number of journals subscribed for (1) American, 43; (2) foreign, 32; contributions: Dr. Geo. N. Burwell, interest on $2,500.00 and medical library containing 719 volumes.

Grosvenor Library—medical department.—Total number of volumes, 6,432; total number of pamphlets, about 1,200; complete files of American periodicals, 14; complete files of foreign periodicals (*Lancet*), 1; incomplete files of American periodicals, 265; incomplete files of foreign periodicals, 52; number of additions, manuals and other books not periodicals, 150; amount expended annually for books not periodicals, $300.00 to $400.00; principal donors: Dr. Theo. G. Lewis, in addition to his original gift of about 700 volumes of dental books he has kept up the sets of periodicals and secured for the library the new dental books as they have appeared. The New York Academy of Medicine has given the library about 1,000 volumes, mostly periodicals; Mrs. F. W. Abbott, about 200 volumes; Mrs. H. A. Foster, about 100 volumes; Dr. H. D. Ingraham, Mrs. A. R. Wright, about 150 volumes; Dr. Roswell Park, 125 or more volumes; Dr. Alvin A. Hubbell, 100 or more volumes; Dr. Benedict, Dr. Carpenter, Dr. King, Dr. William C. Krauss, and Dr. Lucien Howe and many others have given to the library valuable additions in books and periodicals. Special mention should be made of Dr. William Warren Potter, who keeps the library supplied with many files of periodicals regularly, besides contributing many books and reports of much value.

The library of the Erie County Medical Society is housed temporarily at the university library and consists of about 800 volumes.

The library of the Academy of Medicine, donated by Dr. F. W. Bartlett, is housed temporarily at the Grosvenor Library and consists of 186 bound volumes and 1,063 unbound periodicals and pamphlets.

Among the private libraries of large proportion in Buffalo may be mentioned those of Dr. William Warren Potter on general medicine and gynecology; Dr. Roswell Park on surgery; Dr. Lucien Howe on ophthalmology; Dr. Alvin A. Hubbell on ophthalmology; Dr. Charles G. Stockton on general medicine; Dr. Ernest Wende on dermatology and microscopy; Dr. M. D. Mann on gynecology.

The questions pertinent to the hour, it seems to me, are: (1) shall Buffalo have a medical library worthy of its importance as a medical center? (2) shall this library be accomplished through consolidation of the existing libraries? (3) what library offers enough advantages over the others to be selected as the depository for the books? (4) shall a medical library association be formed in Buffalo, patterned after those so successful in other cities? (5) is a medical home necessary or desirable to house such a library in case no existing library is acceptable?

Shall Buffalo have a medical library worthy of its importance as a medical center?

This question will scarcely call for debate. There are always two things which challenge admiration in a medical center by the profession as a whole: first, the medical home, and second, the medical library.

Take for instance the New York Academy of Medicine, housed in its own beautiful building, with a library containing over 80,000 bound volumes, about 36,000 pamphlets, and which subscribes regularly to more than 1,200 current periodicals, comprising nearly all the medical journals, transactions of medical societies, hospital and boards of health reports published throughout the world.

The medical investigator in New York has little need to call to his assistance the resources of the surgeon-general's library of Washington. New York physicians may justly feel proud, as they indeed do, and their efforts should be emulated by the physicians of other cities.

Shall this library be accomplished through the consolidation of the existing libraries?

If practicable this would be the ideal plan. It would result in a library of about 15,000 volumes. It would mean the expenditure of $700.00 for new books and periodicals. It would mean the filling out of incomplete files of American and foreign periodicals. It would avoid duplication in books and periodicals. It would mean a considerable saving in cost of management. It would save time and trouble to the physician in looking up his references.

These books need not be given outright, but held in trust by the receiving library, or they may be sold as was done by the physicians of the German Hospital and Dispensary, of New York, who after striving for over thirty years to collect valuable medical books, decided that it was best to dispose of the library. It was accordingly sold to the King's County Medical Society for $3,000, and this sum was then presented to the New York Academy of Medicine, with the understanding that it should be known as the German Hospital and Dispensary Library Fund.

What library possesses advantages sufficient to be selected as the depository of the books?

But two libraries can be considered. The library of the University of Buffalo is not a public library in the true sense of the word. Its hours are restricted, and its accommodations are limited. The attendants, Miss Chappell and Miss Staffeldt, are most courteous and obliging. It possesses one great advantage over

the Grosvenor, in that books and periodicals may be taken from the building.

The Grosvenor Library is located centrally and is therefore very accessible. The library is open from 9 a. m. to 10 p. m. during the week and from 2 to 6 p. m. on Sundays. It is well lighted and evenly heated. The attendants are equally courteous and obliging. The facilities of the library are greater, the resources larger and the growth more vigorous than the university library. It has the backing of the city government and the moral support of the whole profession.

In order to make it more useful, especially to those who wish to undertake the investigation of any subject, as in the preparation of a paper, it has sent out cards, giving name, address, and the subject on which material is desired, and the library attendants will look up the matter in advance, so the resources of the library on this subject will be at the disposal of the physician at the time named.

Is the organisation of a library association desirable?

If we desire to make progress along the lines indicated, such an association is not only desirable but necessary. If these associations are successful in Brooklyn, Baltimore, Cleveland, Cincinnati and other cities, why not in Buffalo?

Is a medical home necessary or desirable to house such a library, in case no existing library is acceptable?

There are two requisites for the establishment and permanent success of a medical library: first, a desire on the part of the local profession to have a library; second, the control of that library, wherever the books are housed, by the medical profession. Browning, in an admirable paper on the subject, contends "that experience so far shows the independent medical library to offer the most promise of permanency and usefulness. There can be no question but that, whenever practicable, this particular form of special library will be more successful and permanent if conducted as a separate library and under the auspices of some general medical organisation." What can be done by a county medical society is evidenced by the Medical Society of the County of Kings (700 members) which owns its own building, valued at $100,000, in which is housed one of the leading medical libraries of the world.

At the 1904 meeting of the Association of Medical Librarians this subject was warmly debated by Canadians and Americans, and the consensus of opinion was that wherever the medical library was housed, or however it was supported, the time would eventually come when it would become necessary for the medical

profession itself to take care of the medical library in order to ensure its lasting success.

I am happy to state that the Buffalo Academy of Medicine has a building fund amounting to $2,700.00 available for this purpose. In time possibly the solution of this whole question may be accomplished in this way.

If no consolidation is feasible, and the organisation of a library association not advisable at this time, then a sort of community of interest plan might be followed, such as a (1) card index catalogue of not only the public libraries, but of the private libraries as well, this to include especially the foreign periodicals, copies of the old classics, first editions of the old masters, and the early American contributions to medicine; this catalogue to be not only a subject-card catalogue, but author catalogue as well, and each library, *i. e.*, the University and Grosvenor to be supplied with one; (2) some arrangement whereby the periodicals subscribed for, especially the foreign, will not be duplicated thus extending the list of periodicals to nearly double of what it is at the present time; (3) the development of each library along certain lines adapted to the wants of those frequenting them; for instance, the University Library in the textbook line, the Grosvenor in reference bibliography and biography; (4) acquainting the profession with a better understanding of the use of the Index Medicus and the Index Catalogue of the library of the surgeon-general's office; the librarian of the Grosvenor Library will be pleased at any time to send for books, the physician paying the actual express charges only to and from Washington; (5) to preserve, as far as possible, the literary efforts of the Buffalo and Erie county profession, all publications should be deposited either in the Grosvenor or both libraries by the respective authors. Reprints of all publications by the local profession should be sent to the Grosvenor, where they will be bound and stored, a separate section being devoted to these volumes.

479 Delaware Avenue.

The hypodermic injection of brandy, whiskey or sulphuric ether is one of the best methods of combating intense shock and collapse, but the surgeon should always remember to inject them deep into the muscles, as they may cause sloughing of the skin if injected beneath it, and they should not be introduced in the neighborhood of any important nerve, as they have been known to cause paralysis or neuritis.—*Jour. Medicine and Science.*

Practical Use of the Ophthalmometer.[1]

By LORENZO BURROWS, M. D., Buffalo, N. Y.
Attending Ophthalmologist, Buffalo General Hospital.

INASMUCH as most of the difficulties experienced in getting favorable results with the ophthalmometer arise from improper handling, I have undertaken to describe and give the reasons for my own method of operating it, which for a good many years has yielded as nearly perfect satisfaction as any one test can.

POSITION.

With the table and chin rest so adjusted that the patient can comfortably keep the head in position with the eyes at the height of the white marks on the sides of the frame, the chin is set firmly on its rest; then from behind, the operator grasps the patient's head and tips it forward, with the chin as a fulcrum, guiding with the fingers, so that when the forehead touches its rest, there will be the same space on either side, between the temples and the sides of the head frame; and the skin of the forehead will lie smoothly in its normal position and not drawn in any direction. The patient must maintain a steady pressure with both the chin and the forehead. This is the only way to get the head straight. Bringing the eyes to a level by sighting through the horizontal slit in the disc, as is usually advised, is entirely wrong, because, generally they are not at the same level in the head and tilting it sidewise to make them so, is not the natural way of carrying it; and if the reading is taken in that position, the axis will be at fault, unless the tilting is so slight that it can be overcome by tortion, and the fact that the axis as indicated by the instrument, after leveling the eyes, so often agrees with that indicated by the trial lenses, is a strong argument against the statement that there is no such movement as tortion; without it, the two findings would disagree whenever the patient's face was asymmetrical, that is to say, almost always.

FOCUSING.

When using the old instrument that tilts forward or backward, to bring the telescope in line with the eye, it is necessary to refocus it after the mires are moved to the secondary position; because the primary position being say, with the mires in the horizontal plane, and the whole instrument standing at an appreciable angle, with the top nearer the eye than the bottom; when the mires are rotated to the vertical plane, the upper one

1. Read before the Buffalo Ophthalmological Club, January 12, 1905.

will lie inside the original focus and the lower one outside, and an accurate reading will be impossible because of the resultant blurred images. The newer instruments, adjusted to raise and lower by a screw, leaving the disc in the same plane, should be focused in the primary position and not changed.

READING.

If possible, the amount of overlapping must be read with the lids opened naturally; because their pressure upon the eyeball often makes a marked difference in the amount of astigmatism; sometimes as much as one diopter. This fact is used as the basis for the statement that the patient's eyes should be kept wide open in order to avoid an artificial showing; whether it is or is not artificial, it is a condition that is constant and the ciliary muscle has to meet it; therefore, it must be corrected as it stands and not as it theoretically should be.

APPLICATION OF READING.

The general rule is, to substract from the reading a quarter or half diopter, when the astigmatism is with the rule, and add a quarter or half diopter when against the rule, the result representing the amount of correction the eye will accept. This is ordinarily applicable, but is subject to variations ranging from nothing up to one diopter and occasionally it will be found necessary to reverse the order and add when the astigmatism is with the rule, etc. Allowing for lenticular astigmatism, is the reason commonly given for making these reductions or additions; an asymmetry of the curvature of the posterior surface of the cornea and fundus astigmatism have also been suggested. Whatever may be the reason for it, the fact stands, that it must be done, and the point to keep in mind is that it must not be done arbitrarily; it is not less elastic than any other rule governing refraction. Some operators seem to disregard it entirely, and look upon the showing of the instrument as absolute which is a grievous mistake, because when the reading is less than one-half diopter with the rule, the astigmatism is nearly always against the rule, perhaps as much as one diopter.

AXIS—PRIMARY AND SECONDARY POSITION.

In a large proportion of eyes, the meridians of greatest and least curvature are not exactly ninety degrees apart; that is, the astigmatism is irregular.

Roughly stated, about one-third of all cases show this irregularity in one or both eyes. The variation may be anywhere between five and forty degrees, and is most frequently found associated with astigmatism of less than one diopter, although quite

an appreciable number may be noted with astigmatism of one to two diopters. A difference is rarely seen in the higher degrees.

In applying this part of the finding, it must be remembered that the axis indicated by the long pointer, when the mires are in the primary position, *i. e.,* at or near the horizontal plane,—is that for a minus cylinder if with the rule or a plus cylinder if against the rule; and the axis indicated by the long pointer when the mires are in the secondary position,—*i. e.,* at or near the vertical plane,—is that for a plus cylinder if with the rule or a minus cylinder if against the rule; this is because the axis indicated in the primary position is obtained by exactly aligning the mires in the horizontal meridian and this can be done only at the horizontal axis; and the axis indicated in the secondary position is obtained by exactly aligning the mires in the vertical meridian and this can be done only at the vertical axis. This interpretation of the finding is almost invariably correct.

REASONS FOR DISAGREEMENT WITH TRIAL LENS FINDINGS.

In amount of astigmatism found.

1. Having the patient open the eyes unnaturally wide, because, pressure of the lids upon the eyeball increases astigmatism with the rule and decreases astigmatism against the rule. Drawing the skin of the forehead may add to or detract from this pressure.

2. Taking the reading with the instrument improperly focused, because the farther the telescope is from the eye the larger the images will be and the more they will overlap, and vice versa.

3. Failure to correctly apply the rule for reducing from or adding to the reading.

4. Latent astigmatism.

As to the Axis:

1. Arbitrarily assuming that the secondary position is ninety degrees from the primary instead of finding it independently—because one-third of the cases will show some irregularity.

2. Tilting the patient's head, to bring the eyes to the same level, because they are most always placed at different levels in the head.

482 Franklin Street.

A sanatorium for consumptives, intended as a memorial of King Humbert I., was opened at Leghorn on November 19, 1904, in the presence of the King of Italy.—*Med. Age.*

The Electro-magnet in Eye Work—Its Use in Two Cases.

By ALBERT C. SNELL, M. D., Rochester, N. Y.

CASE I.—On August 5, 1904, Mr. C., 26 years of age, was sent to me by Dr. Percy with the statement that the patient had been struck in his left eye by a piece of steel. Examination showed a clean-cut vertical wound of the cornea, 2 m.m. long, situated opposite the nasal edge of the dilated pupil; a small nick in the iris; and an opaque and swollen lens. Vision was reduced to light perception only. With the ophthalmoscope, no part of the fundus of the eye could be seen. The foreign body had apparently passed through cornea, iris and lens and had lodged somewhere in the vitreous or deeper.

In order to better determine the presence of a foreign body, Dr. Greenleaf was requested to make an *x*-ray picture. The plate showed the presence of the steel and indicated that it was deeply situated.

Patient was sent to the City Hospital and under a general anesthetic, the cornea was incised, an iridectomy performed, and the tip of a small electro-magnet introduced in the wound. After making repeated attempts with the various tips to find the steel and failing to attach it, the operation was desisted in.

Two days later the eye developed all the symptoms of panophthalmitis and the patient then consented to have the eye enucleated. This was done and the eye immediately opened. A triangular sliver of steel, 3 m.m. long and 1 m.m. in its thickest part, was found lying to the nasal side of the optic disc. It was imbedded in the sclera and covered with lymph and pus. The reason for failure to extract the steel was evidently due to its attachment in the sclera. And even had it been successfully removed the eye-ball would have been lost from infection; as the steel was from the edge of a dirty, greasy tool and at the time of the magnet operation evidences of infection were found.

Case II.—Peter N., age 35, was struck in the left eye, June 7, 1904, by a piece of iron while breaking up scrap iron with a sledge hammer. Two years previously he had had a similar accident to his right eye which resulted in complete blindness of that eye. Examination of the left showed an open clean-cut wound, 4 m.m. long extending obliquely across the center of the cornea; the sphincter of the iris slightly cut down and in; and the lens cataractous. Vision was light perception.

The patient was sent to the wards of the City Hospital where Dr. Andrew made an *x*-ray picture, which showed the presence of the foreign body. Under a general anesthetic the electro-magnet operation was performed. Forty-eight hours had elapsed since the accident and the wound was closed, therefore an incision

1. Read at the 37th annual meeting of the Medical Association of Central New York, held at Rochester, N. Y., October 18, 1904.

was made above through the cornea similar to the incision for cataract. An iridectomy was done and the greater part of the soft lens removed by pressure and curette. The iron was not found in the lens. The short, blunt tip of the magnet was then introduced to the depth of the posterior surface of the lens and on withdrawing it there was found attached to it three small pieces of metal, ½ m.m. or less in their largest dimension. These were demonstrated to be metal by again magnetising them after wiping them from the tip. A longer and curved tip was now introduced and slowly pushed back to about one half the depth of the vitreous when a decided click was heard and the tip on being withdrawn was seen to have a piece of metal attached to it. This was seized between the lips of the wound with a pair of forceps and removed. It is a thin egg-shaped piece 7 m.m. long and 3 m.m. broad.

The wound healed promptly and the eye made a good recovery. With a + 10 sph. lens patient has $\frac{20}{40}$ vision which enables him to follow a useful occupation and to earn his livelihood. He was last seen October 4 and his excellent vision was still maintained.

I report these two cases not because of novelty either in the cases themselves or in the use of the electro-magnet. They are examples of a failure and of a success and are illustrative of a large number of similar cases which have been reported at various times. The use of the electro-magnet for removal of metal from the eye was first employed by Hirschberg and by Dr. Bradford in 1881. The permanent magnet was used previous to this date but was found to be of little value on account of its weak pulling power. Since this date the electro-magnet has been made in various sizes from the original Hirschberg, which weighs about a pound and is easily handled, to the Haab giant magnet which is non-portable on account of its size and weight and has pulling strength enough to pick pockets of watches.

Successful recovery of an eye which has had metal removed from it depends largely on two factors, infection and location. The nearer the metal lodges to the anterior surface of the eye the less the danger of destructive infection and the less the danger of doing irreparable damage to vision in the removal. The deeper it lodges the greater these dangers. A large percentage of foreign bodies lodged in the iris or lens are removed successfully both as to saving the eye-ball and as to saving its vision, while useful vision following extraction of metal from the vitreous is the exception.

My second case presents a point of special interest: the fact that with a single wound of entrance there existed within the eye-ball several pieces of metal lying in different locations. This

demonstrates that a flying piece of metal in passing through the cornea or the lens may be broken in two or more fragments. And, as in this case, some fragments may be deposited along its path while the main piece may lodge deeper.

Dr. Wheelock Rider reported in 1899 to the American Ophthalmological Society (Vol. viii., p. 574,) a case in which, after the eye had been enucleated there were found three pieces of steel, one in the lens, one in ciliary body, and one in the fundus. But, so far as I have been able to find out, no case has been described in which, before enucleation, there has been extracted from the eye more than one piece of metal having a single wound of entrance.

53 South Fitzhugh Street.

A New Genitourinary Table.[1]

By E. WOOD RUGGLES, A. M., M. D., Rochester, N. Y.

I WOULD not take up the time of this association, the members of which are most interested in general subjects, with the demonstration of this table which I have devised for my own particular line of work, if it were not equally applicable to general purposes. Indeed, I never thought of showing it at all, until a general practitioner who examined it was so pleased with its working that he requested me to give him its measurements and directions for its manufacture, so that he might have one made for himself. It certainly answers my own purposes very much better than any table I have ever seen, not excepting the elaborate and expensive genitourinary tables designed by Drs. Tilden Brown, of New York, and Bransford Lewis, of St. Louis.

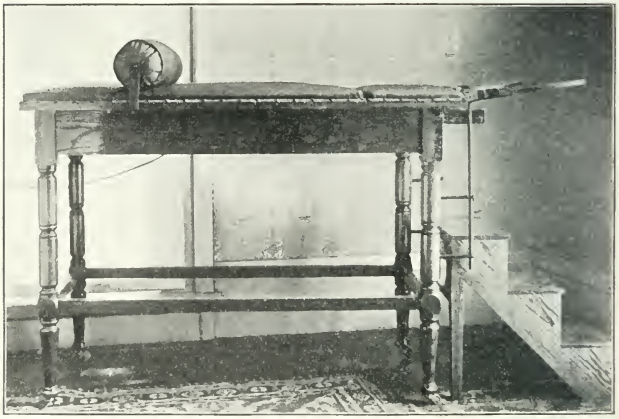
I will first show it as a regular six-foot table (Fig. 1) for massage, the passage of sounds, palpation of kidneys, examination of varicocele, hernia and all conditions where a recumbent posture is desirable. For these purposes its height (36 inches), which saves tiring the physician's back is its chief recommendation.

For gynecological examination and treatment, one of the following positions will recommend itself to every one: first, with the table level, the feet being elevated to the same height by the foot-rests (Fig. 2); second, with the pelvis elevated either slightly or sharply and the back elevated also, according to desire (Fig. 3). As will be seen in Fig. 2, a douche-pan is at-

1. Demonstrated at the annual meeting of the Medical Association of Central New York, held at Rochester, October 18, 1904.

RUGGLES: FIGURE 1.

tached to the table, which can be drawn out when it is desirable to irrigate the vagina, bladder or male urethra. The end of the table, over this douche-pan, has a segment of a circle, 10 inches long and 2½ inches deep, cut out at the center, thus making



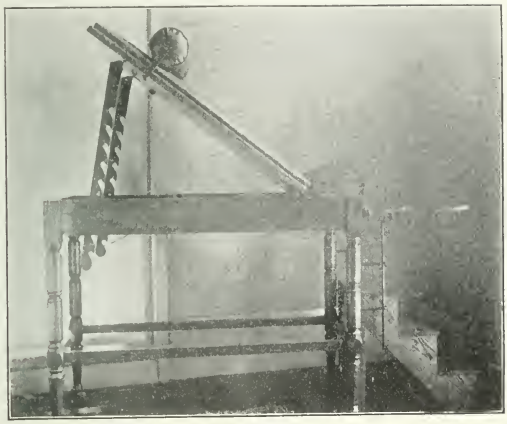
RUGGLES: FIGURE 2.

irrigation and the use of instruments much more convenient. A corresponding piece on the detachable end section of the table fills this gap, when using it as a full length table.

For urethroscopic examination, either of the anterior or posterior urethra, I prefer the position in Fig. 3.

For cystoscopy, with water dilation, the same position of the pelvic section, but with the back only slightly elevated, is preferable and is that used by Nitze, of Berlin, the originator of cystoscopy.

With air dilatation of the bladder, for the purpose of examination of the bladder walls or for catheterisation of the ureters,

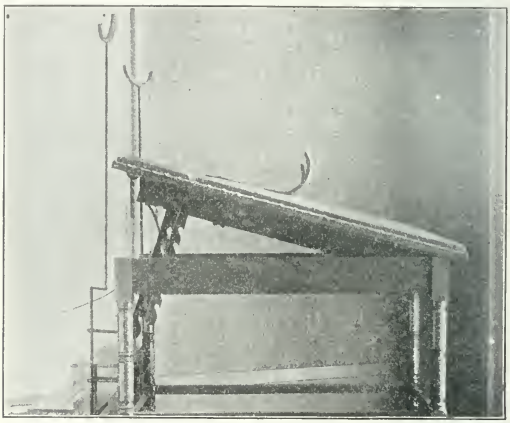


RUGGLES: FIGURE 3.

it is necessary to tilt the pelvis well upward, in order to divert the residuum of urine or the cleansing solution used, which always remains in the bladder, from the urethral orifice. This is accomplished by most operators by putting the patient in the Trendelenburg position (Fig. 4.) The straps holding the supports for the shoulders are hung from the center of the end and diverge, because, if in a parallel position, they tend to let the patient slide down between them and away from the operator, owing to the sloping of the shoulders. The leg rests support the knees in a pretty comfortable position. This position can also be used for any operation requiring the Trendelenburg position and can be varied to suit the operator.

For cystoscopy, however, this position is very uncomfortable for the patient, if not anesthetised, and is avoidable by very slightly elevating the back, and raising the pelvic section to the top notch, a modification of the position in Fig. 3. Air dilatation is quite distressing enough to the patient without the added discomfort of running most of his blood into his head and piling his abdominal contents on top of his heart and lungs.

A representative of one of the cystoscope companies, who has performed over 2,000 cystoscopies said that this table was the



RUGGLES: FIGURE 4.

only one which gives the position he has found best for cystoscopy. He generally uses a level table, with a bag of sand at the extreme end to elevate the pelvis, but he says that the slight elevation of the back with this table restrains the patient from slipping off and away from the operator. Air dilatation has been tremendously popular in America, but there is at present a decided reaction in favor of water dilatation, as far less painful and more practical, except for local treatment and operation on the bladder walls.

294 Alexander Street.

A new polyclinic for the relief of the sick poor is about to be established at Athens in the Piræus. It is to be entirely managed and officered by women.

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

EDITED BY
NELSON W. WILSON, M. D.

Assistants:
E. R. McGUIRE, M. D., BURTON T. SIMPSON, M. D.

Under the auspices of the Faculty of the Medical Department of the University

M. D. MANN, A. M., M. D., Dean, ROSWELL PARK, A. M., M. D., LL. D.,
CHARLES G. STOCKTON, M. D., CHARLES CARY, M. D.,
JOHN PARMENTER, M. D., HERBERT M. HILL, A. M., Ph. D.,
ELI H. LONG, M. D., HERBERT U. WILLIAMS, M. D.

AND

Buffalo General Hospital — HENRY REED HOPKINS, M. D.
Hospital of the Sisters of Charity — EUGENE A. SMITH, M. D.
German Hospital — HERMAN E. HAYD, M. D.

Teaching of Physiology—University of Buffalo.

IN RECENT years the methods of teaching physiology in medical schools have undergone considerable change. Didactic methods have, in some instances been entirely replaced by inductive methods. In other instances, laboratory work and practical demonstrations are being used, in part, as a substitute for, and, in part, as a supplement to lectures and quizzes. In some schools, notably the Harvard Medical School, the socalled concentration method is employed in teaching the preliminary branches of medicine. According to this plan, all the time of one semester is devoted to two or more closely allied subjects, such as anatomy, histology, embryology, and the like, or physiology and physiologic chemistry. These subjects are completed in one semester.

This plan of concentration has much to recommend it from the standpoint of pedagogy. The student devotes his entire time to one subject without having his attention distracted by other work. He is figuratively immersed in that particular branch and when he is taken out some of it is bound to stick. The instructors are worked hard during this period but they have the rest of the school year free for original investigation, a certain amount of which is now deemed necessary for every first-class institution. It has been found impracticable, however, to adopt this method in its entirety for every medical school. To carry it out, logically, requires a large and expensive equipment and a large corps of paid instructors. Different combinations of didactic and laboratory teaching, likewise, are used by different schools and teachers. It

is probably true that no single method of instruction is applicable to all schools. Each teacher has to determine for himself what method or combination of methods gives him the best results.

In the medical department of the University of Buffalo, the outline of teaching in physiology is as follows: the subject is taught in the first two years of the medical course. The first year's work consists of lectures, recitations and practical demonstrations, four hours per week during both semesters being thus utilised. During this time the following subdivisions of physiology are thoroughly covered, chemical composition of the body, blood, circulation of the blood and lymph, applied physics, respiration, secretion and digestion. The work in anatomy and histology is correlated with this work.

The lecture, quiz and demonstration work is continued through the second year and includes, a review of secretion and digestion, absorption, metabolism, animal heat, excretion, general sensation, special senses, central nervous system, muscle nerve physiology, and a series of lectures on applied physiology. In this year a modification of the concentration method is employed by the departments of anatomy and physiology, the practical work in anatomy being largely confined to the first semester and that in physiology to the second semester.

The laboratory work, then, is begun and completed in the second semester of the sophomore year. Six hours per week for each student is devoted to this work. This is confined largely to the physical side of physiology, the chemical side being studied in the laboratory of chemistry. The ground covered is the following: first, muscle nerve physiology which is probably the most thoroughly worked out branch and most exact in results, although possibly, least applicable to practical medicine. It is chosen first, however, because, as above mentioned, exact results are more readily obtained, small animals, such as the frog may be used, material for experimentation is easy to get and keep. It serves also as an excellent training for the student in manual dexterity and careful observation and prepares him for more important work later.

This work includes, determination of the irritability of muscle and nerve to various stimuli, elasticity of muscle, work done by contracting muscle; speed of transmission of impulses over nerves; character of voluntary muscle contraction; influence of temperature and of fatigue upon muscle twitch; volume of contracting muscle; electric phenomena of muscle and nerve; electrotonus or the influence of the direct current upon the irritability and conductivity of nerve and muscle fibers; the reaction of degeneration and the like.

Following this, certain experiments on the physiology of the central nervous system are performed, such as are simple and for which the frog may be used. These consist of a study of reflex action; diffusion of impulses within the spinal cord; inhibition of reflexes; effect of drugs on reflex action; reaction time. Still using the frog, the study of the circulation of the blood is begun. This consists of the following experiments: graphic record of heart beat; effect of temperature; cardio-inhibition and acceleration; effect of stimulating vagus terminals; reflex cardio-inhibition; effects of drugs.

The study of the circulation is now continued on mammals, using the rabbit for this purpose. It is hardly necessary to state that all animals are completely narcotised with morphine and ether and are killed at the end of the experiment before consciousness has returned, so that no pain is inflicted.

The function of the cardiac nerves is thus studied; blood pressure and the action of drugs. The heart-beat, pulse and blood pressure in man, are also studied.

Under respiration, the respiratory capacity, mechanics of respiration and normal respiratory sounds in man are studied. In the rabbit, the action of the respiratory muscles and the nervous control of respiration are determined. The movements of swallowing, innervation and movements of stomach and intestines are likewise studied experimentally. In addition to this work, all of which is done by the students themselves, the following demonstrations are given by instructors to small divisions of the class: action of secretory nerves, mechanism of pancreatic secretion, perfusion of frog's and mammalian heart, circulation time, ablation of cerebrum, cerebellum, stimulation of motor cortical areas, hemisection of spinal cord, artificial eye, study of optics, ophthalmoscope, general sensation and special senses.

For laboratory work, the class is divided into two sections, each section spending two sessions, of three hours each per week, in the laboratory. The students work in groups of three or four, each group being supplied with complete equipment of apparatus. The students are obliged to do the work themselves, the function of the instructor being to supervise and suggest. In this way considerable knowledge is obtained first hand, and more important still, excellent training in manipulation and observation.

Pharmacology, under the direction of Dr. Kiepe, is taught in connection with the physiology. Much of the success of the work is due to the voluntary assistance of the corps of instructors and assistants, including Doctors VanBergen, Kiepe, Leonard, Mann, LeBreton and Plummer. The expense of running a successful laboratory course is considerable. It is our intention

from time to time as finances permit, to increase the number of apparatus sets and decrease the number of students at a desk.

F. C. Busch, B. S., M. D.

HERNIA OF THE BLADDER COMPLICATING INGUINAL HERNIA.

Not so very many years ago this condition was considered among the rarities in surgical practice and remained so classified until a comparatively recent period when careful investigation of the literature showed it to be really more frequent than was generally supposed. Coley, for instance, in a work edited by him in which 950 cases of hernia are reported, does not mention a single case of bladder complication. Later, however, he mentions two cases. Other writers, among them, Shepard, of Montreal, claim the bladder complication occurs in 1 per cent. of all cases.

Nevertheless, it is sufficiently rare as a complication to warrant the reporting of all cases, and the importance of the complication is so fully recognised as to make it almost obligatory on writers on genitourinary matters to refer to it as a possibility in discussing bladder conditions.

The cases which follow were operated in Dr. Park's service at the Buffalo General Hospital: the first was a man of 50, with a direct inguinal hernia. The sac was dissected out and a fluctuating mass was discovered beneath its site. Hernia of the bladder was suspected and the diagnosis was confirmed by the introduction of a catheter into the bladder through the urethra when the mass disappeared on the withdrawal of urine. The hernia was closed in the usual way.

The second case was also one of direct inguinal hernia, the patient a man of 36. The sac was small and just below it was felt a protrusion, which, on further examination, was found to be a soft mass. Catheter diagnosis was made as in the first case, followed by the complete disappearance of the tumor. The hernia was closed with reindeer tendon.

The importance of making accurate diagnosis in such cases is apparent. Usually, the bladder hernia is mistaken for cyst of the cord, and unless the operator has the possibility of a bladder condition in mind in all hernia operations he is quite likely to open the supposed cyst and only discover his mistake when there is a gush of urine which fills the wound,—at best, a most unfortunate and distressing accident.

In not all cases, however, is the protrusion of the bladder so marked as to be felt as a fluctuating tumor beneath the sac. In this event it may be several days before there is any ground for suspicion that all is not right. Then there appears bloody urine

and abdominal distension, and the clinical picture of the true condition is revealed. The trouble in such cases is the accidental puncture of the bladder with the needle used in placing sutures to close the hernial opening.

The question of bladder protrusion complicating hernia has been very carefully investigated by Drs. Curtis and Brunner.

Curtis in the *Annals of Surgery*, Vol. xxi., 1895, collected forty-five cases which showed a mortality of 25 per cent. Brunner has collected 180 cases, all that have been reported for the last 100 years. In the *Deutsch Zeit. Chir.*, Band 47, 1898, he considers the matter in all its phases and discusses it in a most elaborate and entertaining manner.

AN INTERESTING CASE OF MULTIPLE HERNIA.

AN INTERESTING and rare case of multiple hernia was operated during Dr. Hayd's service at the German Hospital. An Italian of 56 was admitted with a large femoral hernia on the right side, and right and left oblique complete inguinal hernias. The femoral hernia was first operated. The sac was opened, transfixed at the neck, tied off and removed. The ring was closed by purse string sutures. The right inguinal canal was opened and a Bassini radical operation was done. The sac was opened at the neck, the finger introduced and it was carefully separated from the canal. As the under surface of the sac was shelled out, the stump of the femoral hernia was pulled up into the wound. The operation was completed on this side and a Bassini radical closure done on the right.

A double inguinal and a femoral at the same time is a rare condition, very few such cases being reported. The patient was kept in bed three weeks and made an uninterrupted recovery.

AN OBSCURE AND COMPLICATED APPENDIX CASE.

A WOMAN of 45 years was sent to the German Hospital by Dr. Dorr with a history of distress in the right side covering a period of several months. The distress became acute pain two days prior to admission and the day before she came to the hospital Dr. Dorr had been called. On admission her temperature was $102\frac{1}{2}^{\circ}$; pulse, 110. There was a large and tender mass at the junction of the upper and lower right abdominal quadrants, its longest diameter on a line with the umbilicus. A diagnosis of appendicitis was made and the woman was at once prepared for operation.

On opening the cavity the mass was found to be grayish-red in color and was apparently continuous with the liver. After

careful manipulation a line of separation was discovered between the liver and the mass which was separated and found to be a huge organised blood clot in the web of the omentum, the latter being twice twisted on itself at this point. The mass was tied off and removed. The transverse colon appeared in the wound. It was followed to the right and the cecum located. From the outer, posterior surface of the cecum the appendix was found, very long and densely adherent to the liver. It was removed. Its coats were much thickened but there was little acute involvement. A small gauze drain was put into the wound to rest upon a suspicious looking spot on the hepatic flexure of the transverse colon. On the seventh day the drain was removed and for a few days a foul discharge persisted. It, however, ceased and the patient was discharged cured.

A CASE OF HYDATIFORM MOLE.

A Polish woman was admitted to Dr. Hayd's service at the German Hospital with this history: age, 24; married four years; one child living, three years old; ten months ago gave birth to a child which lived but a few hours; menstruation appeared regularly for five months; for the past three months has flowed almost continuously.

Upon examination the uterus was found irregular in outline and had a "doughy" feel. The cervix was closed and not at all softened. The woman was tamponed and in twenty-four hours discharged a large hydatiform mole. There was no fetus although the amniotic sac was complete and could be perfectly demonstrated. The decidual site of the membranes was thickened and had evidently been formerly attached to the uterus.

SOCIETY PROCEEDINGS.

The Medical Society of the County of Erie.

EIGHTY-FOURTH ANNUAL MEETING.

Reported by FRANKLIN C. GRAM, M. D., Secretary.

THE Medical Society of the County of Erie met in the rooms of the Society of Natural Sciences, Buffalo Library Building, Tuesday, January 10, 1905, at 10.30 a. m., for its eighty-fourth annual meeting, the president, Dr. William C. Krauss, in the chair.

The minutes of the previous meeting were read by the secretary and approved.

Dr. William Warren Potter, chairman of the Membership Committee, reported favorably on the application of Dr. James Francis Rice, who was thereupon elected a member.

Dr. Edward Clark, treasurer of the society, reported a balance of $30.58 in the treasury, submitting also a statement of receipts and expenditures during the year. The report was referred to an auditing committee, composed of Drs. J. H. Grant, F. E. Fronczak and P. H. Hourigan, who approved the same.

The president appointed as a Nominating Committee, Drs. Henry Lapp, William Warren Potter, C. W. Bourne, C. E. Ernest and James Stoddart. This committee presented the following nominations: president, John D. McPherson; vice-president, A. H. Briggs; secretary, Franklin C. Gram; treasurer, DeWitt C. Greene; censors, Henry R. Hopkins, chairman, J. H. Grant, Irving W. Potter, Ernest Wende and F. E. Fronczak. The candidates were unanimously elected.

Dr. William Warren Potter stated that Dr. Edward Clark, who had held the office of treasurer for ten years, had declined a reëlection, and on his motion a vote of thanks was tendered Dr. Clark for valuable services faithfully performed.

Dr. Henry R. Hopkins, chairman of the Board of Censors, submitted the following reports:

To the President of the Medical Society of the County of Erie:

Mr. President—Your censors would respectfully report that during the year 1904 the work of the censors has been chiefly directed towards the effort of limiting, discouraging, making unpopular and unprofitable, the criminal practice of medicine in the county of Erie.

Questions of ethics and instances of ethical violations have been brought to our notice, but have not engaged our extended attention for the reason that it seemed to us that our paramount duty was the discouragement of the criminal practitioners of medicine as before stated. Perhaps a word of explanation is here in order, that there may be no misunderstanding as to the significance of the term criminal practice of medicine as the same is used in this report.

The criminal practice of medicine is any and all of the practice of medicine contrary to the provisions of the public health law of the state of New York, the same being known as chapter 25 of General Laws. The persons whose crimes are defined by section 153 of this law are of two classes, misdemeanants and felons, and their several crimes are accurately defined and their several penalties noted.

It will be observed that this is a distinct inclusion within the criminal class of many others than those who are wont to commit

such well-known criminal acts as fatal poisoning, maiming, blinding or criminal abortions, and makes the unauthorised, the unlicensed practice of medicine a crime, or even the attempt to practise medicine by appending the letters M. D. to the name, by assuming the title of doctor in such a manner as to convey the impression that one is a legal physician also a crime.

Again, the laity and many of our profession hold that the contentions of doctors even the prosecutions of the censors originate hair-splitting distinctions as to theories concerning modes of medicine giving, or theories of still less practical value as to principles of ethics and etiquette between doctors, or doctors and laity; and so holding, have scant patience with the same, and almost universal sympathy for the party attacked.

It has been the purpose of the censors during the year, and is the purpose of this report to set forth so plainly that all may see and may understand that this society is not before the public, or is not asking the attention of the prosecuting officers of the county, or the time or attention of the courts, with questions of manners, of etiquette, of ethics, but, on the contrary, is solely engaged in the arrest of medical criminals, the prevention of the criminal practice of medicine.

Frankness compels us to state that our success has not been equal to our hopes, although not far from our expectations, we have been successful in many cases, but the criminals who have been brought to punishment are few and insignificant in comparison with the number who are prospering and waxing fat in the successful prosecution of their evil ways.

The public health law, the wisest and the most humane of our statutes, has been and is openly, flagrantly and defiantly violated day by day by scores of criminals, notwithstanding the best efforts of this society continuously exerted for the ten years last past.

What is true of the medical criminals of Erie county is also true of the medical criminals of the other counties of the state in proportion to the number and means of the population.

The incentive which prompts the medical criminal to a life of crime is the usual incentive peculiarly operative upon the criminal class at large,—the money there is in it. We have heard in well nigh every case, the same excuse, palliation and defence, "I would not do this, but I need the money." How powerful this incentive to crime may be was shown in the case of Antonius the Boy Wonder, now serving sentence in the Erie County Penitentiary. At the time of his conviction it was estimated by those having opportunity to know, that his criminal work was yielding him an income of more than $50,000 a year.

In the interest of accuracy often akin to morality, it should be stated that Antonius's income had to be shared with a large number of associates and confederates.

Criminal practices of the Antonius class are only possible by the most persistent and continuous advertising chiefly through

the columns of the daily press, and we are informed that the style of advertising suitable for their purpose is the most expensive to be had, and we may safely conclude that the gross income of an Antonius is quite different from that which remains after his associates and confederates in crime have had their several shares of the plunder.

However, at this point it should be noted that the psychology of the degenerate, the criminal class, operates powerfully to the promotion of crime. The criminals, the degenerates, the insane are known to have brains and minds of structures and functions with much in common. They are made alike, they think, feel, and act alike, and an exalted, pathological egoism is common to them all.

It is quite probable that the average criminal would feel that his money was well spent so long as by spending it he could see his picture in the columns of the daily paper and could read of his self-asserted enormous abilities, his marvelous powers, his miraculous works, his God-like personality. When to this is added the certainty that such publications will bring to him victims to be fleeced, the credulous to be imposed upon, the easy who will give up their money, we think we have made it clear why the medical criminal abounds and why his crimes are both notorious and persistent.

We should hate, detest and abhor crime; in this direction, it may aid some of us to remember that the victims of the medical criminal are almost invariably the poor, the ignorant, the afflicted, the most helpless of all our dependent people. The burglar and the highwayman are liable at any time to encounter an able-bodied and possibly an armed man. These criminals must at least have the courage of their depravity. The medical criminal of the popular, the advertising, the Antonius type, robs the poor, the sick, the deformed, the deaf, the blind, the helpless.

If public opinion were quite moral, healthful and sane, the medical criminal would soon find his vocation dangerous and unprofitable, his associates and confederates would be ashamed and forsake his companionship.

To produce this improved state of public opinion, to enforce the humane provisions of the public health law, are the more important purposes and objects for which state and county medical societies are made and provided.

In conclusion, your censors commend this portion of your task, the execution of the medical law of the state as the same applies to the county of Erie, as an opportunity to do effective work in the promotion of the public health of great potentiality, of enormous responsibility.

With keen regret we invite your attention to the general unpreparedness of the medical profession for the proper discharge of this important trust. The medical criminals, misdemeanants and felons have much in common with the grafters and seldom

war upon each other. The medical profession should stand with a solid front between the medical criminals and the public; and the medical profession is in four hostile parties, one of 1806; one of 1857; one of 1865, and one of 1900, so designating them with reference to their respective state charters. These four divisions of our profession, or schools of medicine socalled, are fighting for rival opinions as to the dose or source of remedies, as to questions of etiquette or ethics,—and in the meantime the medical criminals are flourishing mightily.

The detection and punishment of crime means the employment of legal counsel and of detectives; this means the expenditure of money. During the year of 1904 your board of censors has received from your treasury, not one dollar. We have raised by subscriptions from wise and law-loving members of the laity, for our work, the sum of $185.00.

It is but simple justice that we make public acknowledgment of the fact that our counsel John Lord O'Brian, Esq., is much overworked and underpaid. He has given to your work at all times prompt attention, quick sympathy and wise advice.

His most sufficient reward has been the consciousness of duty done by a free citizen to a free state. We trust that in time he will have more material reasons for feeling that this society rightly appreciates his services.

Recognition should also be made of valuable services freely given by the Buffalo police through their efficient and courteous chief, General W. S. Bull. Without the assistance of the police in obtaining evidence, some of our work would have been impossible.

Finally, we desire earnestly to commend and sincerely to congratulate and thank our public-spirited citizens and incorruptible and fearless prosecutors, District Attorney Coatsworth and Assistant District Attorney Abbott. Their sympathy and encouragement have been invaluable, their successes phenomenal and inspiring. The medical profession and the people owe them an everlasting debt of gratitude.

Respectfully submitted,

H. R. Hopkins, *Chairman,*
Henry Lapp,
John H. Grant,
Marshall Clinton.

January 10, 1905.

Favorable comments were made by members on these reports, which, on motion of Dr. Callanan, were received and ordered printed, copies likewise to be given the daily press.

On motion of Dr. William Warren Potter the following resolution was adopted:

Resolved, That the thanks of the Medical Society of the County of Erie be and are hereby tendered to the Board of Cen-

sors for effective and indefatigable services to the profession and public, and that the thanks of the society be also extended to John Lord O'Brian, counsel, for faithful and meritorious services.

Dr. Edward Clark presented the following resolutions which were adopted:

Whereas, The president of the New York State Optical Society has announced that the bill to define and regulate the practice of optometry, which failed to pass at the last session of the legislature, will be brought up again for consideration; and,

Whereas, The claim is falsely made that 75 per cent. of the general medical practitioners favor this measure; and,

Whereas, We believe from the publications of the opticians who favor this bill that they not only desire to, but are now actually engaged in the practice of a branch of medicine in violation of the present medical law; therefore, be it

Resolved, That the Medical Society of the County of Erie, in meeting assembled, protests against the enactment of such a bill as contrary to the best interests of the people of the state of New York.

Resolved, That a copy of this protest be forwarded to each senator and assemblyman representing this county.

Resolved, That the committee on legislation take such action as may seem best fitted to accomplish the defeat of this and similar measures.

President Krauss called Dr. T. M. Johnson to the chair and delivered his presidential address on "The Need of a Medical Library in Buffalo." (See page 499).

On motion of Dr. H. R. Hopkins a vote of thanks was tendered the retiring president, and on motion of Dr. A. A. Hubbell, the president was directed to appoint a committee of five, with Dr. Krauss as chairman, to investigate the feasibility of a medical library for Buffalo, and to report at the June meeting.

Memorials for members, who died during the past year, were then presented. At the request of Dr. W. C. Phelps the beautiful tribute by Dr. A. A. Hubbell, on the late Dr. Henry D. Ingraham, published in the July number of the Buffalo Medical Journal, was placed on record by the society.

Dr. Henry Lapp read the following memorial of

Reuben S. Myers, M. D.

The hand of death has again entered our ranks and removed one of our most respected and beloved citizens. Only six months ago and he who is the occasion of our sorrow met with us in this room and took an active interest in the deliberations of this

society. On September 30, 1904, died Dr. Reuben S. Myers, a well known and respected citizen of Clarence Center, N. Y., at the age of 65 years. Dr. Myers was a son of Jacob and Anna Myers and was born on the 24th day of February, 1839, at Montville, Pa. He was educated in the common schools and graduated from the Millersville Normal School of Lancaster County, Pa. He commenced the study of medicine in 1856 in the office of Dr. Amos K. Rohrer, an eminent physician and surgeon of Montville, Pa. He attended lectures at the medical department of the University of Pennsylvania during the sessions of 1858 and 1859 and later received his degree of doctor in medicine from the University of Vermont.

Dr. Myers was in the active practice of medicine at Clarence Center from 1860 until a short time before his death. He was a member of the Medical Society of the State of New York, the New York Pharmaceutical Association, the Medical Society of the County of Erie, and of the Gross Medical Club, composed of some forty physicians in Erie County. He was always a regular attendant at all meetings of the societies of which he was a member and his genial manner and commanding presence was always welcomed by all members. He was an efficient secretary of the Gross Medical Club continuously for about ten years.

Dr. Myers was the soul of honor in consultation with his medical associates and was never known to do an unprofessional act to a professional brother. In his long country practice he was often thrown on his own resources and was obliged to perform many surgical operations such as removal of tumors, amputations, ligation of important arteries. He made a specialty of surgical work and the treatment of lung and throat diseases.

The doctor was also the author of several valuable papers, one on Albuminuria and one on Puerperal convulsions, published in the *Philadelphia Medical Record*. He was also the author of the following papers, published in the *Olive Tree:* Leprosy, 1887; Drainage, 1888; Cholera, 1888.

In politics the doctor was always an earnest democrat, ever working for the success of his party, and his party in turn always honored and respected him. He was an intimate friend of ex-President Cleveland and in 1870 he was elected coroner, being on the same ticket with the ex-President, who was elected as sheriff of Erie county. During both administrations of Cleveland, he was appointed postmaster at Clarence Center. In 1893 he was appointed by ex-Governor Flower as one of the commissioners for loaning certain moneys of the United States in the county of Erie, which office he held until 1903. He was married to Marion C. Vantine, of Clarence, August 28, 1862. The union was a very happy one and there were born to them six children, three of whom died in infancy. His widow and two sons, Henry S. and John B. and one daughter, Mrs. Kate M. Schaad, all of Clarence Center, survive him. He was a true and affectionate husband, a loving and

self-sacrificing father, and it was in his home-life that his true manhood was shown best, always working to make home happy by doing little acts of kindness to those dependent on him. Not only did he endear himself by his kindly manner to his immediate family, but to all with whom he came in contact as a loving and true physician. From all sections there has been extended to his bereaved family the assurance of their appreciation of his services, both as a physician and as a citizen, and their great sympathy for them in the irreparable loss they have sustained. He was a member of Akron Lodge F. and A. M., and in 1862 was the first initiatory member accepted into the lodge after its organisation.

The funeral services were held from his late home in Clarence Center on Monday, October 3, and were very largely attended. The services were in charge of Akron Lodge. The Akron Masonic Quartette rendered appropriate music. Dr. A. P. Meeker, of Clarence, preached the sermon. The pall bearers were Drs. Henry Lapp, J. D. Macpherson, A. F. Erb, C. A. Tyler, Joseph Lehman and W. H. Baker, all members of the Gross Medical Club. And thus was laid to rest a body completely worn out by long and continuous service in the medical profession. All who had the pleasure of knowing Dr. Myers in his lifetime will join in saying, "He did what he could."

Dr. Grover Wende presented the following tribute to

SAMUEL H. LYNDE, M. D.

Dr. Samuel H. Lynde died at his home in the city of Buffalo, Tuesday morning, October 25, in the thirty-sixth year of his age. Early in his professional life he suffered from a severe and prolonged attack of influenza, from the effects of which he never fully recovered, but through whose gradual complications life became a burden. It did not seem so strange, therefore, that after an illness of one week he finally succumbed to pneumonia, a malady which his condition invited.

Dr. Lynde was born in Buffalo, June 13, 1869. He was the son of Burdett A. and Georgia D. Lynde and received his academic education in his native city. He studied medicine at the University of Buffalo from which he was graduated in 1889; subsequently served as interne at the Buffalo General Hospital; directly afterward went to Wanwantosa, Ill., where he engaged in hospital work for about one year; he then returned to this city, where he practised for the remaining portion of his life. For the last five years he was physician to the International Railway Company. He married Edith L. Todd, of Rochester, N. Y., who survives him, together with a son of seven years.

Those of us who recall Dr. Lynde as a student at the university remember him for his singular earnestness and diligence. It can be safely said that no one in his class worked harder or seemed more fully to realise the importance of his life work. The respon-

sibilities of his profession seemed to impress him more and more as he advanced in years. He was the youngest of his class, having graduated before he was twenty-one. Even after this he continued to add to his professional knowledge by submitting himself to hospital training. When he finally located, he decided to remove himself from former associations, such as were connected with his old social life, and took up his abode among those whose only claim upon him was the need of his professional services, and among those he built up a large practice in which he continued until his health failed him and he finally gave his time to office work. In this he persisted to the end, although much hampered by his continual suffering.

Dr. Lynde quietly and without ostentation lived up to the high ideals of professional life; he did not attend medical meetings regularly, however, on account of his health, but he nevertheless showed a truly professional spirit, was well posted and kept up with all the rapid unfoldings of medical science. He hated sham and honored truth wherever he found it. He treated, with the utmost consideration and courtesy, all who were worthy, without regard to external circumstances. The impress of his life is stamped to remain upon his associates, and, because of his genuine merit and his professional integrity and success under difficulties, there goes out from our hearts today a tribute to his memory, the best and truest we have power to offer; and to his devoted wife, and in behalf of his fatherless child we extend our heartfelt sympathy, quickened and intensified by our own sense of loss.

Dr. Lynde was a member of the Westminster Presbyterian Church and was a man to whom external things were a reality. His mental condition may, perhaps, be best revealed by the following poem which after his death, was found by a relative in one of his pockets:

A PRAYER.

"Let me sleep O God, in the arms of Thy faith tonight,
And let me dream in dreams of Thee!
Let me pursue my path in Thy gentle guidance,
And let my sins forgotten be!

If I lie down and not again awake—
Or if I slumbering sink to holy rest,
Take me as I am; forgive, O God, my mortal unbelief,
And make me what is best.

In Thee have I been comforted; what e'er has been my wrong,
Whatever shall have been my mortal sin,
Most gracious Lord be not unkind to me,
But when I knock let me be welcomed in!"

Dr. Edward Clark read the following tribute to

A. T. O'HARA, M. D.

Arthur T. O'Hara was born in the city of Chicago, Ill., October 1, 1861. He attended school at the Lake Forest Academy

in that city until 14 years of age, when he entered a commercial and business college and took a thorough course in bookkeeping, graduating therefrom when about 17 years of age. He at once secured employment as a bookkeeper at the stock yards in Chicago, where he remained for a period of about five years. At the end of this time he secured employment with the Panama Canal Company and spent two years in Panama, serving in the capacity of paymaster, when he contracted Panama fever; when convalescent he was sent by ship to New York. He was ill for some weeks in New York, and while there under medical care he first conceived the idea that he would like to study medicine himself. He went to Albion, N. Y., and spent one year studying in the office of Dr. H. W. Lewis. He then came to Buffalo and continued his medical studies, graduating from the medical department of the University of Buffalo in 1889. After his graduation he went to Syracuse, N. Y., where he practised his profession for one year. He then returned to Buffalo to take the civil service examination for keeper of the Quarantine Hospital. He passed the examination and secured the appointment and held the position up to the time of his death.

Dr. O'Hara was an interesting personality, and beneath his rough and grotesque exterior was found a heart overflowing with kindness, good nature and sympathy. Most of his life work in his profession consisted in ministering to the wants and necessities of the unfortunate victims of smallpox, who were sent to the Quarantine Hospital, and how well and thoroughly that work was done is evidenced by the fact that his patients all loved him for his self-sacrificing labors in their behalf.

The position which Dr. O'Hara held of necessity prevented his mingling much in social and literary affairs, so that he did not become well known in the profession, but to those of us whose duties compelled us to see him often and to know him well, he was appreciated as a bright, conscientious, intelligent and well-read physician. In his death which occurred, from rheumatism affecting the heart, on January 1, 1905, the medical profession and this society have lost an intelligent, worthy member, one whose heart was overflowing with the milk of human kindness, and one who has left the world better for his having lived in it.

Buffalo Academy of Medicine.

Section on Medicine, January 10, 1905.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

The regular meeting of the medical section was held Tuesday evening, January 10, at the academy rooms in the Public Library building. The section was called to order at 8.55 o'clock by the chairman, Dr. Allen A. Jones. The minutes of the last meeting were read and approved.

Dr. DeLancey Rochester read a paper entitled,

THE VALUE OF CERTAIN PROCEDURES IN THE TREATMENT OF PNEUMONIA.

(Abstract)

The rational mode of treatment falls under these heads: (1) to institute such measures as will relieve toxemia; (2) to prevent failure of heart; (3) to so treat the local conditions in the lung as to retard the progress of congestion to consolidation and hasten the progress of consolidation to resolution; (4) to meet complications as they arise; (5) to prevent the spread of the disease to other individuals.

The "expectant plan" of treatment, in which patient is kept quiet, sponged regularly, fed properly, bowels kept open and complications met promptly as they arise, meets the fourth and fifth indications if sputum is destroyed and stools, urine and bedding disinfected. Its death-rate is from 30 to 40 per cent.

Treatment by large doses of digitalis early in the disease to overcome impending congestion of lung, prevent consolidation and thus jugulate the disease at the start, is said to be very successful. But the majority of these favorable reports seem to be based on doubtful diagnosis and a wrong conception of the nature of the disease.

The Brand treatment of typhoid fever when applied to pneumonia meets few, if any, of the indications to be met. It has not resulted any better than the expectant plan, perhaps not as well.

The treatment by the pneumococcus antitoxin is the natural, rational plan suggested by the infectious nature of pneumonia. So far, it has not always been possible to get a reliable serum, and reports of results vary accordingly. Considering the doubtful efficacy of the serum, its cost is practically prohibitive.

The creasote or guaiacol treatment has been highly lauded. I have been unable to find statistics of this treatment. It seems irrational to add another poison to a patient already profoundly toxic. Creasote tends to increase the inflammation of the kidneys, which usually occurs in pneumonia.

The treatment advocated in this paper is sustained by a record of 201 cases of pneumonia, with a death-rate slightly below 8 per cent. So far as I know, these figures are not equaled by any other plan of treatment.

The first indication in treatment, relief of toxemia, is met by induced sweats and mild catharsis. At the onset of the disease calomel is given, followed by enough of a saturated solution of Epsom salts to produce one or two free evacuations daily. The

calomel may be repeated as needed. Sweating is best induced, not by drugs, but by the hot mustard footbath, scientifically given in bed without disturbing the patient.

To prevent further bacterial invasion the mouth is frequently and thoroughly cleansed with a mild antiseptic solution. The diet is fluid and, so far as possible, sterile. Plenty of pure water is administered, in small amounts and often, to flush the excretory organs. The patient is placed in a room having the best possible ventilation and the most direct sunlight. A serious danger in pneumonia is overdistension of the right heart, which, if persisting, always causes death. It can often be prevented by careful study of the lung condition and of the heart and the institution of the treatment described below. A careful physical examination of the chest should be made by the physician at every visit. In this way he can tell when congestion is beginning in any part; and by vigorous local treatment can often prevent further progress of the morbid process. When congestion is beginning in a portion of the lung the prompt and thorough application of leeches, wet cups or dry cups, over the part will often stay the process; or it will delay it twenty-four or forty-eight hours while some previously involved part of the lung is clearing up. Dry cupping should be very thorough, the cups left on for a half-hour and the process repeated every four to six hours. During the intervals the chest should be covered with a light woolen jacket. The poultice jacket should be relegated to the dark ages.

When, in spite of these local measures, the process persists and we begin to see evidence of overdistension of the right heart, —such as cyanosis, pulse losing tension and becoming small and sometimes irregular, enlarged liver, pulsating veins, area of cardiac dulness increasing chiefly to the right,—whether a murmur of tricuspid insufficiency is present or not, prompt relief is usually obtained by withdrawing 8, 10 or 12 ounces of blood from the median vein of the forearm. This may be repeated several times, if need be. It not only relieves the right heart distension, but it withdraws from the body a decided amount of toxic material. At this time a little digitalis, given with due regard to its physiologic effect, may be of decided value. Two cases, illustrating the value of these procedures, are described in detail; one case received 500 to 1000 c.c. of normal salt solution, hypodermatically, once or twice a day until the crisis.

Hypodermoclysis of normal salt solution is now recognised as of the utmost value in the treatment of apparently desperate cases. This is illustrated in four cases of alcoholic pneumonia with delirium tremens and pronounced toxemia, treated during

the last year. If more than one lobe is involved, pure oxygen gas has proved of undoubted value in several cases.

While these various procedures are being carried out, direct stimulation of the heart is of the utmost importance; it should be begun as soon as diagnosis is made and not delayed until the appearance of cardiac failure. We should rely upon strychnin, brandy and ammonium carbonate or aromatic spirits of ammonia. Ammonium compounds are usually well borne by the stomach if combined with liquor ammonii acetatis and administered in mucilage or milk. Complications should be met promptly. Pericarditis is best treated, and sometimes cut short, by leeches over the precordium, followed by persistent and continuous application of the ice bag. If, in spite of treatment, fluid accumulates enough to embarrass heart action, it should be promptly evacuated, whether pus or serum.

For acute endocarditis the following out of the general plan of treatment of pneumonia, with enforced rest for some time longer than is usually necessary, with the persistent hypodermic use of nuclein, gives best results. The pain of acute pleurisy is usually best relieved by cupping, with a small hypodermic of morphine when needed. If it goes on to effusion it should be aspirated if serum, and drained if pus. Lung abscess should be promptly evacuated and drained through the chest wall.

If kidney is much involved it is best treated by persistence in fluid diet, milk and mildly alkaline waters in large amounts, by sweats, and leeching or cupping the loins.

Meningitis, not always fatal, is best treated by leeching the back of the neck and the temples, by the ice cap, exclusion of light and noise, and the administering of a combination of antipyrin and sodium bromid which can be continued several days.

Summary: (1) sustain metabolism by easily digested or predigested foods, large amounts of pure water, and oxygen inhalations whenever the absorbing surface of the pulmonary mucosa is so involved as to interfere with proper metabolic oxygenation; (2) sustain elimination (*a*) by the liver and bowel, through the vigorous use of calomel and salts; (*b*) by the skin, through sweats induced by external heat; (*c*) through bleeding when indicated by right heart distension; (3) stimulate heart by strychnin, alcohol or ammonium carbonate, and in suitable cases by the subcutaneous injection of normal salt solution; (4) treat lung locally by leeching, wet or dry cupping, as indicated; (5) recognise complications as they arise and treat promptly; (6) prevent spread of disease by destruction of sputum by burning, and by disinfection of urine and feces, and the boiling of clothing and bedclothes.

That it is a rational attempt to meet the therapeutic indications in the treatment of pneumonia, cannot be denied. That it accomplishes its object better than any other method of treatment in vogue at the present time, is proven by the cases cited.

DISCUSSION.

Dr. G. TARTARO: As an Italian, I am interested in serum therapy. I have treated three cases with the serum prepared by Professor Pane, of Naples. He advises the use of 10 to 15 c.c. each day for four days. Other men have used less of the serum with less resulting benefit. I will cite several cases in which this treatment was followed by improvement in temperature and other symptoms. I will pass around an original package of the Pane serum. I hope the members of the academy will give it a fair trial.

Dr. VAN PEYMA: We rarely listen to a paper so full of meat as this. Did the author insist on the use of nuclein throughout the course of endocarditis?

Dr. THOMA: Why does not Dr. Rochester use camphor in this disease? If strychnin is used too early in the disease will it not prejudice the chances of recovery?

Dr. SHERMAN: I am surprised that the author did not mention nitroglycerin as of use in relieving the strain on the heart,—specially to tide over the case until free catharsis is produced. Does not alcohol act as a depressant,—a negative rather than a positive stimulant?

Dr. BLAAUW: This is the age of serum therapeusis. In Würzburg the government makes the use of serum obligatory in all cases of pneumococcus infection of the cornea (*ulcus serpens, after Römer*).

Dr. ULLMAN: The wound made by the leech often bleeds for some time after the removal of the leech; this is due to the effect of the salivary secretion of the leech upon the fibrin of blood. The extract of leeches, which is on the market, ought therefore to have therapeutic value in combating the increased fibrin formation which characterises pneumonia. The benefit of salt solution in pneumonia is suggested by the reduction in the amount of chlorids in the urine. Pericarditis is helped by Credé's ointment and ichthyol.

Dr. DUNHAM: This is the treatment for pneumonia,—heroic and thorough. It keeps patient and nurse busy all the time.

Dr. ALLEN JONES: One point in this treatment impresses me as most important,—the absence of antipyretics. The use of these drugs is the chief fault in many plans of treatment.

Dr. ROCHESTER, in closing: The antitoxin treatment is the rational method, provided we can get the right antitoxin. I have

used only the American serums, and found them useless. Their price and their doubtful efficacy are enough to exclude them from use at present. The constant use of nuclein works well in combating the infectious process of the endocarditis of pneumonia. I do not think that the early use of strychnin will tire out the heart. I find that camphor frequently nauseates the patient. Its use hypodermatically is so painful that I have not tried it. Nitroglycerin is useful as a capillary dilator, but the hot mustard foot-bath every four to six hours will dilate the capillaries sufficiently. As to alcohol, I use it in the form of brandy or Tokay or some similar wine; in this form the effect of various ethers is combined with that of the alcohol. Although the chlorids are diminished in the urine of pneumonia, yet we do not find in this or in any other fact a sufficient explanation of the rational use of salt solution. The unguentum Credé over the precordium is useful, but leeches usually cut short the pericarditis, if four to eight are used, and the bites are allowed to bleed as long as they will. Experiments demonstrate that a temperature of 104° to 105° kills the pneumococcus. Thus the fever of pneumonia may be beneficial, and, possibly, the use of antipyretics would give the coccus a chance to develop. I would use very few medicines in this disease. Elimination, sweating and local treatment are valuable measures.

Dr. Grover W. Wende read a paper entitled,

THE PATHOLOGICAL ACTION OF THE ROENTGEN RAYS.

(*Abstract.*)

In this paper all up-to-date literature is carefully examined,—that relating to microscopical findings concerning the devitalising of tissue elements and subsequent degeneration by long exposures and the close application of tubes to the skin. It is established by discussion that the more highly differentiated structures, hair follicles, glands, nails and bloodvessels are more easily affected than the epidermal cells and fibrous stroma; that the cells representing disease are less resistant than the normal cells; and that the normal cell may be stimulated to a healthy process. The views of Baumann and Lenser are given, who dissent from the opinion that the epithelium is the tissue which is most speedily and severely damaged by the rays and maintain that the bloodvessels are the structures primarily and most seriously affected; and they regard the damage done to the bloodvessels as first among the effects produced by *x*-ray.

The bactericidal experiments on cultures of the more common organisms by Freund, Zeit, Wolfinden, Forbes Ross, Dunham and others are quoted. There seems to be a certain degree of unanimity in the opinion that instead of being inhibited, the cultures are

stimulated to excessive growth, although the rays may be capable of indirectly interfering with the life of the bacteria in the tissues.

The theory is advanced that the effect is to render the tissues unfit for further growth of the bacteria in them and that this effect is the result of increased phagocytosis. Another phenomenon is advanced as the result of a contributory action of the rays,—that is, a cumulative process, by the action of which, when the cellular degeneration reaches a certain degree, the toxic process in the breaking down of the cells is capable of setting up an inflammatory action.

A short report of the microscopical findings of an *x*-ray burn was given which was similar to those cases reported in previous literature.

DISCUSSION.

Dr. SYDNEY A. DUNHAM: We cannot learn the technic of the *x*-rays by reading of it in books. The rays cure most quickly those growths that have a specific organism. They act as a stimulant to the normal activity of the tissues and they cause retrogressive changes in diseased cells.

Dr. A. W. BAYLISS: I am glad to see Dr. Wende occupying the ground that he takes in this paper. In view of the extent to which the *x*-rays are now employed it is singular that they are so little understood. We do not know beforehand what action our treatment will have on the patient. Certain anatomical regions are better affected than others. I have had poor results in treating the lip, mouth and tongue. One case of cancer of the lip has gradually grown worse under treatment. In the case of the nose, eye, ear,—the upper parts of the face, in general,—and cervix uteri, treatment has given excellent results. But, in any case, we are unable to promise sure results to the patient.

Dr. WENDE, in closing: *X*-ray burns come only from soft tubes used close to the lesion. Every case of superficial epithelioma will yield to the *x*-rays. But this is not true of ulcer. Ringworm and favus do not yield. But sycosis and acne vulgaris are helped more by the *x*-rays than by any other treatment. In ulcers having a hard, cartilaginous margin the inflammatory reaction set up by the *x*-rays is useful. This method is certainly not promising in the treatment of lupus and carcinoma.

Meeting adjourned. Total attendance, 44.

GAUZE DRAINS.—Gauze drains left in wounds should not, as a rule, be removed until the fourth day, when the adhesions have liquefied and the gauze is easily removed. In the uterus gauze should never be left in more than twenty-four hours, owing to danger of sepsis.—*International Journal of Surgery.*

TOPICS OF PUBLIC INTEREST.

Civil Service Examinations for the State and County Service.

The State Civil Service Commission announces general examinations to be held March 11, 1905, including among others the following positions: assistant in geology, State Museum; bridge draughtsman, State Engineer's office; fireman; foreman of broom shop, state prisons; junior bridge draughtsman, State Engineer's office; matron, state hospitals for the insane; orderly (male nurse), Erie County Hospital; steward (woman), institutions for women; supervisor of farm cottage, Rochester State Industrial School; taxidermist, State Museum; veal inspector; woman physician, state hospitals and institutions.

Applications for these examinations must be made on or before March 7. Full particulars of the examination and blank applications may be obtained by addressing the chief examiner of the Commission at Albany.

Army Medical Corps Examinations.

Preliminary examinations for appointment of assistant surgeons in the army will be held on May 1 and August 1, 1905, at points to be hereafter designated. Permission to appear for examination can be obtained upon application to the Surgeon General, U. S. Army, Washington, D. C., and from whom full information concerning the examination can be procured.

The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

For the examinations of May 1, applications must be complete and in possession of the Surgeon General on or before April 1, and for the examination of August 1, on or before July 1.

A new charter of the American National Red Cross has been passed by both houses of Congress. This charter, which puts the organisation practically under the control of the government, was drawn by two former secretaries of state—Mr. Richard Olney and Mr. John W. Foster.—*Med. Age.*

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 284 FRANKLIN ST., BUFFALO, N. Y.

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Medical Society of the State of New York

NINETY-NINTH ANNUAL SESSION.

DR. HAMILTON D. WEY, president of the society, has ample reason to feel great satisfaction in the ninety-ninth annual meeting of the Medical Society of the State of New York, held at Albany, January 31, February 1 and 2, 1905. Could the fathers who organised this body in 1806 have looked down upon it while in session during the closing of the first century of its existence, they surely would have been justified in exclaiming, Behold the work which we founded! Verily, we builded better than we knew. So, too, would the distinguished father of the learned president, who occupied the chair in 1872, have been justified in exclaiming, Well done, good and faithful son!

Some special features of the program deserve mention, first of which was the report of the committee of conference. This was presented by the chairman, Dr. Henry L. Elsner, of Syracuse, who gave a summary of the work relating to amalgamation done during the past three years. In the course of the report it appeared that the Medical Society of the State of New York and all its constituent societies had unanimously ratified the propositions of the committee, but that in the Association there was opposition from the county of Onondaga. The legal technicalities were considered and it was stated to be the conclusion of the committee that, to avoid all such in future, it would be best to reratify, and this was done at a special meeting held on Thursday noon after the adjournment of the regular session.

At the conclusion of Chairman Elsner's report, Dr. D. B. Saint John Roosa offered the following resolution, which was passed unanimously: That the committee of the society hereto-

fore appointed for the purpose of bringing about consolidation—namely, Drs. Henry L. Elsner, Abraham Jacobi, Albert Vander Veer, George Ryerson Fowler and Frank Van Fleet, be and they are hereby continued as such committee with full power and authority to do whatever may be necessary to carry the agreement into effect.

Dr. John H. Pryor's report on the work done at Raybrook, and his paper on the Recognition of incipient pulmonary tuberculosis, together with the symposium on Cerebrospinal meningitis participated in by W. T. Councilman, H. L. Elsner, A. Jacobi, Charles G. Stockton, A. E. Davis, Morris Manges, DeLancey Rochester, E. Libman and E. D. Fisher, were among the interesting features of Tuesday.

In the evening Dr. Charles Harrington, of Boston, delivered an address dealing with the origin and development of the various Massachusetts state laboratories and giving in detail what they are accomplishing for the public health. Following this, Dr. Hamilton D. Wey delivered the president's anniversary address, which is published elsewhere in this issue of the JOURNAL. These ceremonies took place in the senate chamber.

The principal feature of Wednesday was a symposium on Prostatism and its treatment, participated in by L. Bolton Bangs, George Ryerson Fowler, Willy Meyer, Charles H. Chetwood, Howard Lilienthal, E. Wood Ruggles, Albert Vander Veer, Samuel Alexander, Willis G. Macdonald, Parker Syms, and (by invitation) Paul Thorndike and Francis H. Watson, of Boston, and Hugh H. Young, of Baltimore. This constituted the most extensive presentation of this topic yet made in a general medical society in this country.

The banquet on Wednesday evening was as usual very largely attended and the speech of Dr. Roosa may be regarded as the special feature of that occasion. The dinner to the ex-presidents, given by Dr. Willis G. Macdonald, at the Fort Orange Club, Monday evening; the dinner by Dr. Vander Veer to the state medical examining board, and the reception by Dr. Neuman on Tuesday evening were among the other social functions of interest. Dr. Neuman's reception was planned as a compliment to Dr. L. S. McMurtry, president of the American Medical Association. Unfortunately, however, Dr. McMurtry was prevented from attendance upon the meeting and participating in its social and scientific functions on account of illness. Telegrams and messages of sympathy, expressing regret at his absence, were duly dispatched to his home at Louisville.

The following-named officers were elected to serve for the ensuing year: president, Joseph D. Bryant, New York; vice-presi-

dent, Herman R. Ainsworth, Addison; secretary, Frederic C. Curtis, Albany; treasurer, O. D. Ball, Albany.

JOSEPH D. BRYANT, M. D.,
President Medical Society of the State of New York, 1905-6.

President-elect, Joseph D. Bryant, is too well known to the medical profession of the world to need formal introduction to

any medical congress or assembly. He is one of our best-known surgeons, being famous as a teacher and author, as well as a clinician. His great work on surgery in two imperial octavo volumes is to be found in the library of every surgeon, and is an accepted textbook in most American medical schools. When it appeared in a new edition a few years ago the JOURNAL said: "Bryant is a forceful writer and makes himself clear in all operative technic. . . . He tells how to control hemorrhage in a way that cannot mislead even the novitiate. . . . His treatise is a distinct addition to a surgical literature, already rich in quantity and quality."

Dr. Bryant ranks as one of the distinguished citizens of the Empire state, prominent in its civic, medical, and social affairs, and his administration of the business interests and scientific work of the society during the current year may be anticipated with a confidence in its successful accomplishment. His experience is large, his acquaintance numerous, and his views broad. It ought to be possible, during his term of office, for Dr. Bryant to unite the medical profession, represented in the society and the association, into a compact harmonious body.

The State and the Osteopaths.

THROUGH the courtesy of Dr. Frank Van Fleet, the efficient chairman of the committee on legislation of the Medical Society of the State of New York, we have received a copy of senate bill, No. 298, introduced by Senator Davis, which is entitled, an act regulating the practice of osteopathy. This bill would create an additional schism in the practice of medicine, and give the state the confusion and complication incidental to five sets of state and county medical societies where there should be but one. The bill is informing and should be conclusive as to the nature of osteopathy, and from its provisions we are told that "osteopathy means that science or system of healing which treats diseases of the human body by manual therapeutics;" and, further, that "osteopathists when duly licensed and registered in accordance with this act shall have all the rights and privileges and be subject to the rules and regulations that govern other physicians."

This is in exact harmony with the facts in the case, and corresponds with the ideas we have had upon the subject for years; moreover, it seems to establish the fact, at least, so far as the osteopaths are able to do so, that osteopathy is the practice of

medicine and that the osteopaths have been practising medicine, are practising medicine and intend to practise medicine.

The vital point of this provision is that "diseases of the human body" are to be treated. The public may need to be told that "manual therapeutics" is not unknown to the profession of medicine,—is not a discovery of the osteopaths,—but has been developed and used in medicine for centuries, and, besides, it is a most useful means of cure; but as the whole is greater than any of its parts, so therapeutics is greater and more effective than "manual therapeutics," hence the attempt to make "manual therapeutics a complete system of curing "diseases of the human body" is either ignorant or fraudulent, one or both.

Fatal defects in this bill appear in its provisions as to the qualifications of the members of the proposed state board of examiners, and as to the persons the bill would license to practise medicine without examination.

As to the members of the state board of examiners, it is provided that they shall be reputable graduates of a regularly conducted school of osteopathy and shall have practised osteopathy in this state for at least one year.

It is to be noted of those provisions that the questions of who is a reputable graduate and which school is regularly conducted, are left to the decision of the osteopaths themselves, the state having no opportunity of determining what was the preliminary educational equipment of the candidate, of what advantage he took of the teachings of his school, or of what were the educational standards of that school.

It is also to be noted that the test of good moral character is not to be applied to any of these candidates for examination; for, interpreted in the light of the medical practice Act, they have been in daily violation thereof, and just how this criminal life is compatible with good moral character might be difficult to establish. An essential defect of the bill, in our judgment, is its failure to exact the usual educational qualifications, preliminary and professional, of those about to be licensed to practise medicine. The bill would license "any person who at the time of the passage of this act shall be actually engaged in the practice of osteopathy in this state, and who is a reputable graduate of a regularly conducted school of osteopathy."

Here is a wholesale licensing of persons to the practice of medicine without one iota of protection as to preliminary education, term of professional study, advantage actually derived from such professional training, or as to good moral character. It seems incredible that the state of New York could be pursuaded to place upon its records a law bearing so absurd a proposition as this—

namely, that neither preliminary education, professional preparation nor moral character shall be required of those who are to assume the responsibility of the practice of medicine.

The provisions of the bill as to future candidates for admission to the practice of medicine through this gateway,—door number five,—make the bill exceedingly dangerous from an *apparent* willingness to meet existing standards as to preliminary education, length of courses in a given year, number of years of study, subjects for examination by state examiners, good moral character and other essentials. It would seem that the bill is drawn to make it easy for the osteopaths now at work to become doctors and also provides restrictions sufficient to keep down future competition.

It is difficult to regard with seriousness the proposition to make the control of the practice of massage a part of the educational scheme of the University of the State of New York.

We believe the bill to be dangerous in general and in particular and we warn our readers that nothing short of vigorous and united opposition will secure its defeat.

American Medical Association.—Portland.

IT HAS been officially announced that this year's meeting of the American Medical Association will be held in July, instead of June, which latter is the usual time when the meeting place is located north of the line of the Ohio river. Portland, Oregon, is the place and July 11-14, is the time for the next meeting.

It is more than probable that this meeting will be more numerously attended than were others that have been held on the Pacific coast. Two reasons, among others, will contribute to increase the attendance in a marked degree: first, the railroads were never able before to accommodate traffic and make tourists as comfortable as now; and, second, the Lewis and Clarke Exposition,—the Western World's Fair,—will furnish an attraction far beyond any heretofore offered on the Pacific slope.

One of the principal points for the visitor to settle is the route by which he will travel, both outward and homeward bound. For Buffalo members and visitors as well for those living eastward on this parallel, Chicago will afford the first objective, which can be reached by several available roads. From there to Portland the natural route is the Northwestern Line to Omaha, and thence by the Union Pacific direct to Portland. Returning, the Northern Pacific Railroad will afford a convenient and delightful homeward trip via Saint Paul, and by the Northwestern thence to Chicago. Individual preferences and other considerations natur-

ally govern the selection of a route, but those indicated, from directness, equipment, comfort and speed, will naturally secure the largest measure of travel, not only from the territory named, but from points westward as far as Omaha, and even beyond that point.

We advise our readers to take up this subject with the agents of the several lines at an early date. By so doing they will obtain advantages that are denied the late applicants. If the railroads ascertain at an early day, even approximately the number for whom provision must be made, they will be enabled to take better care of their passengers. The agents of the Northwestern Line, the Union Pacific, and Northern Pacific railroads are located in the Ellicott Square, Buffalo, and will be glad to furnish information, rates, and other data to applicants.

Inasmuch as the Northwestern is the initial line, perhaps it will simplify matters to communicate direct with the Buffalo office, which is located at 301 Main street; telephone, Seneca 884.

Judge Davis, of Philadelphia, in his charge to the jury in the case of Thomas E. Eldridge, charged with illegally practising medicine, gave an excellent definition of the practice of medicine in the first paragraph of his charge quoted:

The practice of medicine consists in the offering of service and assuming the responsibilities of treating diseases, deformities and injuries, no matter by what means this is professed to be done.

Every state, because of the inherent nature of the calling of medicine, possesses the right both constitutionally and legally to demand a standard degree of qualification which will protect citizens from the consequences of incompetency and unskilled practice.

Anyone practising medicine without the license of the state, which license is on the part of the state a guarantee of the possession of the qualification to safely pursue medical practice, is an illegal practitioner.

Everyone, therefore, who offers service as outlined, no matter by what means he professes to treat diseases, deformities and injuries, must, as a condition precedent thereto, have obtained the license in accordance with the laws of the commonwealth.

Dr. Thomas Darlington, the efficient health commissioner of greater New York, is conducting an active campaign against the spitting nuisance. During one day in every week the police department, at the instigation of Dr. Darlington, stations policemen at theaters, in the subway and other public places, who arrest all spitters. They are taken before a magistrate at the

tombs and fined two dollars each for the first offense. The violators of the ordinance are locked up pending trial; hence the punishment seems severe, but no more than it should be when the magnitude of the crime is considered. We hope some day to see Buffalo take a similar stand against this filthy and dangerous habit.

The Kinesipathy bill, the osteopathy bill, and the optometry bill are a fine triad. The proponents of these bills should pool their issues and make a combined attack upon the legislature. They might, with great propriety, invite Antonius, the "Great Cooper" and "Dr." Finch to help them in their nefarious attempts to break down the Medical Practice Act.

PERSONAL.

Dr. Charles A. L. Reed, of Cincinnati, has been appointed a member of the boundary commission to determine the limits of the Isthmian canal zone. He sailed for Panama, January 31, 1905.

Dr. E. C. W. O'Brien, surgeon of the Buffalo fire department, who has been seriously ill with grip and its sequelæ, was reported improved, but subsequently suffered a relapse. Dr. O'Brien's many friends who sympathise with him in his prolonged illness are hopeful of his ultimate recovery.

Dr. William G. Ring, of Buffalo, has been appointed surgeon of the fire department, ad interim, pending the recovery of Dr. O'Brien.

Dr. Martin Bessemer, of Ithaca, has been appointed by the regents of the University of the State of New York a member of the homeopathic state board of medical examiners, vice Dr. William L. Fiske, of Brooklyn, deceased.

Dr. Willy Merck, member of the house of E. Merck, Darmstadt, has received from the University of Halle, Germany, the honorary degree of doctor of medicine, conferred in recognition of numerous contributions to therapeutics.

Dr. Dewitt G. Wilcox, of Buffalo, was elected president of the Homeopathic Medical Society of the State of New York at its annual meeting held at Albany, February 14 and 15, 1905.

OBITUARY.

Dr. Walter D. O. K. Strong, of Fishkill Landing, a graduate of the medical department of Buffalo, 1847, died at his home, January 26, 1905, aged 81 years.

Dr. W. B. Preston, of Dansville, N. Y., died at his home, February 4, 1905, aged 60 years. He graduated at the Eclectic Medical Institute, Cincinnati, in 1867, and had been ill of Bright's disease for more than a year.

Dr. James E. Crisfield, of Dansville, N. Y., a graduate of the College of Physicians and Surgeons, (N. Y.), 1873, died at Jacksonville, Fla., February 21, 1905, whither he had gone in the interest of his health. Dr. Crisfield was a prominent physician in the Genesee Valley and was reputed the oldest practising physician in Livingston county.

Dr. Edson H. Young, of Buffalo, a graduate of the medical department of the University of Vermont, 1884, died at his home, February 5, 1905, aged 44 years. Dr. Young was a conscientious, active physician who led a busy life and had a large professional following. He died after a week's illness in the midst of a useful professional life.

Dr. Cordelia A. Greene, of Castile, N. Y., died at the Presbyterian Hospital, New York City, January 31, 1905, after a surgical operation, aged 74 years. Dr. Greene graduated from the medical department of Western Reserve University, Cleveland, in 1857. She succeeded her father in the management of a sanitarium at Castile, N. Y., which she successfully conducted for over forty years.

SOCIETY MEETINGS.

The Homeopathic Medical Society of the State of New York held its annual meeting at Albany, February 14 and 15, 1905, at which the following-named officers were elected: president, Dewitt G. Wilcox, Buffalo; vice-presidents, W. T. Helmuth, New York, B. W. Sherwood, Syracuse, George R. Critchlow, Buffalo; secretary, H. Worthington Page, New York; treasurer, C. T. Haines, Utica.

The Esculapian Club held its regular monthly meeting at the Hotel Touraine, Thursday evening, February 16, with Dr. Julius Ullman as host. Dr. F. S. Hoffman presented a paper on Nephrolithiasis.

The Buffalo Academy of Medicine held meetings during the month of February, 1905, as follows:

Section on Surgery.—Tuesday evening, February 7. Program: (*a*) Time as an element in abdominal surgery, Maurice H. Richardson, Boston; (*b*) Classic art in medicine and surgery, lantern exhibit, Roswell Park.

Section on Medicine.—Tuesday evening, February 14. Program: The need of a medical library in Buffalo, William C. Krauss, (by request).

The American Anti-Tuberculosis League will hold its next annual meeting at Atlanta, Ga., April 17-19, 1905, under the presidency of Dr. George Brown, of Atlanta, who is the executive officer and to whom all communications should be addressed.

COLLEGE AND HOSPITAL NOTES.

Dr. William G. Bissell, bacteriologist of the department of health, is delivering a laboratory course on clinical bacteriology at the dental school laboratory, University of Buffalo, 25 Goodrich street, Tuesday and Saturday evenings, at 8.30. The course began February 14, and will last six weeks. The fee is $15.00.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a special course of four lectures on The relation of diseases of the skin to internal disorders in the Out-Patient Hall of the hospital on Wednesday afternoons, at 4.15 o'clock, commencing March 1, 1905. The course will be free to the medical profession.

University day at the University of Buffalo was celebrated by public exercises at the Star Theater at which Professor Adelbert Moot, of the department of law, presided and delivered a short address on the progress made and making by the university. Professor Roswell Park, department of medicine, chairman of the committee on academic extension, read an interesting report; then the principal address of the day was delivered by the Rev.

Charles C. Albertson, of Rochester, who took for his subject, Washington and Lincoln—a comparison. Music was furnished by the U. of B. Glee and Mandolin clubs. The students were present 700 strong, and friends of the university crowded the theater to its capacity. Altogether, it was a dignified and interesting occasion.

BOOK REVIEWS.

A Treatise on Bright's Disease and Diabetes, with Especial Reference to Pathology and Therapeutics. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania. Second edition, illustrated. Octavo, 381 pages. Including a section on the Ocular Changes in Bright's Disease and in Diabetes, by G. E. de Schweinitz, Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $4.00.)

Nearly a quarter of a century ago Tyson wrote a book on Bright's disease and diabetes. Although at the time there were many excellent treatises on the subject, this was the work of a master and was received as such. For almost fifteen years prior to the writing of the book Dr. Tyson's work had been largely in the direction suggested by his subject and his rich clinical experience made him one of the authorities of the day.

Since then, very naturally, there has been vast progress in all directions and Bright's disease and diabetes have not been slighted in investigative work, even though the pathologic and etiologic status of diabetes is still in an unsettled state.

Recently Tyson undertook a revision of his book and it is now issued,—a welcome and much-needed addition to the literature of the subjects dealt with. The new work is much broader in scope and much larger than the original, modest masterpiece, and a great deal of valuable material has been added. There are colored plates, original with Tyson, showing the principal forms of Bright's disease, with drawings illustrative of their histology. There are new sections on acute interstitial nephritis, and on the dietetic management of Bright's. The symptomatology of diabetes is clearly set forth; so clearly and in so masterly a manner that one must be inexcusable for error, after even a casual reading of this chapter.

In considering diet in diabetes, there are given analyses of various foods, especially as regards the carbohydrate constituents; and this is particularly valuable, because they are quite independent of the brass-band claims of manufacturers. All of which is interesting and safe to follow.

Another new section of the utmost importance, is that concerning the ocular manifestations of Bright's disease and diabetes, prepared by George E. de Schweinitz and illustrated by colored plates of eye grounds from his own cases.

There is one chapter which will be recognised by those who had the good fortune to read the earlier work. Dr. Tyson has retained almost in its entirety the section on kidney histology.

Aside from the masterly manner in which the subjects are handled, the book is enriched by the presentation of cases from Dr. Tyson's wide experience. These present clinical pictures of vivid type, simple in language, scientifically succinct and unembarrassed by senseless suggestion, or threadbare theory. The book is one of the rarities of latter day medical publication, in that it may be reviewed but not criticised. It is the best work on the subjects now before the profession. N. W. W.

Saunders's Medical Hand-Atlases. Atlas and Epitome of General Pathologic Histology. By Dr. H. Durck, Munich. Edited, with additions, by Ludvig Hektoen, M.D., Professor of Pathology, Rush Medical College, Chicago. With 172 colored figures on 77 lithographic plates, 36 text-cuts, many in colors, and 371 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Cloth, $5.00 net.)

Judged from purely artistic standpoints this latest issue of Saunders's series of atlases is one of the most exquisitely finished publications ever turned out. In the reviews of previous volumes of these handbooks especial mention has been made of the uniform excellence of the illustrative features, upon which much time and thought have been spent. Every detail of the subject under consideration has been brought forth and, however brilliant and learned the text, the illustrations have been the chief value of each book. Without them the volumes would be merely well-written essays upon a special subject. So, too, would be the atlas of general pathologic histology,—a most learned presentation, clear, concise, understandable; but with the illustrations it becomes even more; it is rather a complete laboratory course with every pathologic condition, shown just as clearly, just as "life-like," as if one were examining the freshly-prepared specimen under a microscope.

In this, as in previous volumes, there is painstaking avoidance of exhaustive critical consideration. The many fads and fancies which find place in all branches are carefully ignored and only that is presented which is helpful and instructive, and in just the lucid manner which marked the previously issued volumes on special pathologic histology. The illustrations, numbering 176 in colors on 80 lithographic plates, and 36 figures in black and white, are from original specimens and everything has been sacrificed,—time and money,—to secure absolute fidelity in reproduction of the original water colors, and the result is marvelously beautiful, some of the plates combining 26 colors for the perfect reproduction and the demonstration of minute microscopic detail.

Dr. Hektoen has done an excellent work in editing the volume and has added much valuable material. There is no work on gen-

eral pathologic histology published in the English language which can be compared with this or even approach it in any of its phases.

N. W. W.

Manual of Physiological and Clinical Chemistry. By Elias H. Bartley, M.D., Ph.G., Professor of Chemistry, Toxicology and Pediatrics in the Long Island College Hospital. Second edition, revised and enlarged. Duodecimo, 188 pages. Illustrated. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00.)

The author of this manual thinks chemical teaching should be directed to the purpose of aiding pupils in training in the science of prevention, or the diagnosis and treatment of disease, and should consist therefore, in presenting the fundamental principles and their application to the foregoing purpose. This application of the science of chemistry he rightfully groups under the name of *Clinical Chemistry*. This forms the subject matter of a manual, which is the outgrowth of twenty years of teaching in the Long Island College Hospital, and is presented in a most attractive manner in the book now before us.

This second edition having been revised, is made to include such new processes as deserve recognition, some being original. As now arranged and offered the book constitutes one of the best working manuals yet printed on clinical chemistry.

Lea's Series of Medical Epitomes. Toxicology. By Edwin Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Duodecimo, 298 pages. Series edited by V. C. Pedersen, M.D., Instructor in Surgery at the New York Polyclinic Medical School and Hospital. New York, Philadelphia: Lea Brothers & Company. 1904. (Price, $1.00.)

It is important that every physician who makes any pretense of medical practice, general or special, shall keep himself well prepared to deal with cases of poisoning; also, that every student shall pay diligent heed to the subject that he may be able to cope with emergencies. This epitome will serve to prepare the latter and to refresh the former, keeping both in touch with life-saving and curative methods. It is one of the most important books in this series, and is thoroughly well written.

Diseases of the Nose, Throat and Ear and their Accessory Cavities. By Seth Scott Bishop, M.D., Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College. Third edition, revised and enlarged. Illustrated, including 94 colored lithographs. Octavo, 564 pages. Philadelphia: F. A. Davis Company. 1904. (Price: cloth, $4.00; sheep or half-russia, $5.00 net.)

Several improvements in methods and new apparatus for the treatment of nose and throat affections have prompted a new edition of this well-known treatise and a consequent revision of much of the text. As it now stands it represents the practice

of laryngology, rhinology, otology and accessory organs related more or less intimately to these fields, in its most modern fashion. We have on previous occasions, as the several editions have appeared, spoken in favorable terms of Bishop's book, and we now desire to add that it is a condensed, practical treatise which meets the demands of students, practitioners and such physicians as are contemplating the special practice of diseases of the upper air tract.

Saunders's Question Compends. Essentials of Bacteriology. By M. V. Ball, M.D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth edition, revised. By Karl M. Vogel, M.D., Assistant Pathologist at the College of Physicians and Surgeons, New York. Duodecimo, 343 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. ($1.00 net.)

The changes in this topic which have been many and sometimes radical within even a few years, have rendered revision necessary; hence, in this fourth edition of a most useful compend, we find new material relating to advances in tuberculosis, yellow fever, dysentery, bubonic plague, and other infectious diseases, as well as immunity and some other topics. The book well represents the status of bacteriology today, which in the nature of things is changeable and ever changing.

Surgery of the Prostrate, Pancreas, Diaphragm, Spleen, Thyroid, and Hydrocephalus. A Historical Review. By Benjamin Merrill Ricketts, M.D., Cincinnati. 1904.

This book is a large octavo printed in double columns, much of it in six-point type and contains 244 pages. It is a reference digest of all available literature, relating to the surgery of the prostate, pancreas, diaphragm, spleen, thyroid, and hydrocephalus, including a recent monograph by the author on the latter subject. It will be observed that it is a work of great value to surgeons, teachers, and writers in particular, though it is useful to any person interested in the literature of these topics. It represents an enormous outlay of time and labor, not to speak of money.

Saunders's Question Compends Essentials of Nervous Diseases and Insanity; Their Symptoms and Treatment. By John C. Shaw, M. D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition, revised. By Smith Ely Jelliffe, M.D., Clinical Assistant, Columbia University. Duodecimo, 196 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. ($1.00 net.)

It is not an easy task to condense the subjects of nervous diseases and insanity into a practical compend. The topics are complex and they are not as susceptible of abridgment or epitomisation as are many medical branches. Nevertheless, we think the

authors have produced a cleverly prepared compend that will prove an aid to the student in acquiring a knowledge of the subjects dealt with, provided he uses it in the sense and manner intended—namely, as a stepping-block, so to speak, to a further study of these conditions at the proper time.

Handbook of the Anatomy and Diseases of the Eye and Ear. By D. B. Saint John Roosa, M.D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School, and A. Edward Davis, M.D., Professor of Diseases of the Eye in the New York Post-graduate Medical School. Duodecimo, 300 pages. Philadelphia: F. A. Davis Company. 1904. (Price, $1.00 net.)

A manual of this kind will be welcomed by every physician who is called upon to treat diseases of the eye or ear. Into a compact and limited space the authors have presented the essential principles of treatment of these organs and, besides, sufficient anatomical studies are given to meet the purposes of the book. The volume is intended as a help to either the under- or post-graduate in utilising the material they see in the clinics, that is, to remember it sufficiently well to aid them in their further study and work. A busy doctor who must needs do some work upon the eye and ear, though not a specialist, will find it a reference book of great value. We do not see how a better book for the purposes named could have been made.

Saunders's Question Compends. Essentials of Anatomy. By Charles B. Nancrede, M.D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. Seventh edition, revised. Duodecimo, 419 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. ($1.00 net.)

An excellent way to begin the study of anatomy is to take this compend into the laboratory and follow its lead in obtaining the first principles. Nancrede is an accomplished anatomist, as well as an experienced teacher. His book has passed to its seventh edition and brought up to the present date in all that relates to anatomical science. Especially has the chapter relating to the nervous system been renewed, while several new ideas relating to other topics have been incorporated, making this edition as complete as it can be.

Refraction and How to Refract. By James Thorington, M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third edition. Duodecimo, 314 pages, illustrated. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.50.)

The student of refraction,—and we do not mean the undergraduate alone,—will recognise a book that has been a delight to him for six years past. It is now freshened by additions and overhaulings, until it may be said, with a truth, to be the most

satisfactory exposition of this special topic that is before the professional public.

Thorington makes his theme interesting even to the general practitioner, not to mention its attractiveness to the ophthalmologist. If Thorington's teachings are once mastered by the novitiate it is quite certain that he will know "how to refract."

Saunders's Question Compends. Essentials of Materia Medica and Prescription Writing. By Henry Morris, M.D., College of Physicians, Philadelphia. Sixth edition, revised. By W. A. Bastedo, M.D., Tutor of Materia Medica and Pharmacology at the College of Physicians and Surgeons, New York. Duodecimo, 295 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1905. ($1.00 net.)

The conservative attitude of this compend toward the newer experimental findings, relating to the action of drugs as applied in practice, is wise. In the very nature of things there must be revision and refindings before any new drug can take its appropriate place in the materia medica. Some of the articles have been rewritten and the whole brought forward to the present date. It is an excellent quiz masters' manual as well as students' preparation compend.

Transactions of the Ninth Annual Meeting of the American Laryngological, Rhinological and Otological Society, held at Lexington, Ky., April 30, May 1 and 3, 1903. Wendell C. Phillips, M.D., Secretary, New York. Published by the Society. 1903.

The marvelous growth of this society is indicative of the great interest laryngologists manifest in their specialty. Organised in 1896 by scarcely more than a dozen men, it now carries on its rolls a list of members numbering 240, of which number 41 met at Lexington, Ky., and created this excellent volume of transactions. The president's address, by Dr. J. A. Stucky, of Lexington, deals with questions of administration, in addition to which twenty-six papers were read, most of which were discussed with spirit. The book is well made up, but would be improved if it were bound in a substantial manner. Paper covers do not find ready place in the library in these practical days.

Thirtieth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the Fiscal Year Ending June 30, 1902. Henry B. Baker, M.D., Secretary. Lansing: Robert Smith & Company, State Printers and Binders. 1903.

Michigan has been famous for the efficiency of its board of health from the creation of that important body, and especially has the secretary of the board proved an executive officer of great administrative capacity. The annual report is always a marvel of condensed sanitary information, modestly presented, and in-

dicates a thorough watchfulness of the health interests of the state. The dissemination of information through bulletins frequently issued, is an excellent plan which is carried out most admirably by Dr. Baker, and is a most effective way of preventing the spread of contagious and infectious diseases.

BOOKS RECEIVED.

The Influence of Growth on Congenital and Acquired Deformities. By ADONIRAM BROWN JUDSON, M.D., Orthopedic Surgeon to the Out-Patient Department, New York Hospital, 1878-1903. Octavo, pp. 286. Illustrated. New York: William Wood & Company. 1905.

Transactions of the Medical Association of the State of Alabama. Annual meeting held at Mobile, April 19-22, 1904. LEWIS C. MORRIS, M.D., Secretary.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. KELLY, A.M., M.D., Philadelphia. Volume IV. Fourteenth series. 1905. Philadelphia: J. B. Lippincott Company. (Cloth, $2.00.)

Studies in the Psychology of Sex—Sexual Selection in Man. I. Touch. II. Smell. III. Hearing. IV. Vision. By HAVELOCK ELLIS. Pages xii. 270. Sold only by subscription to physicians, lawyers, and scientists. Philadelphia: F. A. Davis Company. 1905. (Cloth, $2.00 net.)

Practical Pediatrics. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. GRAETZER, Editor of the *Centralblatt Fur Kinderheilkunde*. Authorised translation, with numerous additions and notes. By Herman B. Sheffield, M.D., Instructor in Diseases of Children, and Attending Pediatrist, New York Post-Graduate Medical School and Hospital. Pages xii. 544. Crown octavo. Philadelphia: F. A. Davis Company. 1905. (Flexible cloth, $3.00.)

Eye, Ear, Nose and Throat Nursing. By A. EDWARD DAVIS, A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 illustrations. Pages xvi. 318. Philadelphia: F. A. Davis Company. 1905. (Price, $1.25.)

Saunders's Medical Hand-Atlases. Atlas and Epitome of Operative Ophthalmology. By Dr. O. HAAB, of Zürich. Edited, with additions, by George E. de Schweinitz, M.D., Professor of Ophthalmology in the University of Pennsylvania. With 30 colored lithographic plates, 154 text-cuts, and 377 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1905. (Cloth, $3.50 net.)

A Textbook of Legal Medicine. By FRANK WINTHROP DRAPER, A.M., M.D., Professor of Legal Medicine in Harvard University. Octavo, 573 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1905. (Cloth, $4.00 net.)

Bacteriology and Surgical Technic for Nurses. By EMILY M. A. STONEY, Superintendent of the Training School for Nurses, Saint Anthony's Hospital, Rock Island, Ill. Second edition, thoroughly revised and much enlarged by Frederic R. Griffith, M.D., Surgeon, Fellow of the New York Academy of Medicine. Duodecimo volume of 278 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1905. (Cloth, $1.50 net.)

The Modern Mastoid Operation. By Frederick Whiting, A.M., M.D., Professor of Otology, Cornell University Medical College. Royal square octavo, pp. xiii. 353. Illustrated by 25 half-tone and 23 key plates made from original drawings. Philadelphia: P. Blakiston's Son & Company. 1905. (Half morocco, $6.00 net.)

LITERARY AND JOURNALISTIC NOTES.

The *Iowa Medical Journal*, in its January issue, published a directory of Iowa physicians, arranged by counties. This is followed by an alphabetical list, the whole constituting an enormous labor and no inconsiderable cost. The enterprise of this sterling journal is to be commended. It is generally speaking, a thankless task to prepare such lists, but we hope the journal's work will be appreciated by its numerous readers, not only within the state but outside of it.

The *Georgia Practician* is the name title of a new medical publication, edited by Martin Cooley, M.D., and published at Savannah. It begins with a lesson in philology and serves notice on the exchange bureau of diagnosis-and-treatment that it will have none of it. We wish the *Practician* success.

"King's Medical Prescriptions," is the title of a book containing selected formulas from prominent physicians, published by the Practice Science Company, 108 Fulton street, New York. Superfine paper; large type; octavo, 346 pages. Second edition; cloth, $1.00, or paper covers, 50 cents, postpaid.

ITEM.

The Denver Chemical Manufacturing Company, of New York, has put out a booklet on antiphlogistine, which is a clever bit of advertising. It contains a number of reproductions in color, showing various applications of antiphlogistine for many different purposes, and is printed on heavy calendered paper, giving it an artistic appearance quite beyond the common order.

WANTED.—Salesman to handle D. Appleton & Company's line of high-class medical publications; good, profitable territory open in the state of New York.

D. APPLETON & COMPANY,
435 Fifth Ave., New York City.

the dense capsular formation, the contents of which can be shelled out. These are the true cysts. On the other hand, there is a class of cases in which there has been a hemorrhage into the substance of the thyroid gland, there being no true cyst wall, but simply a large space distended because of hemorrhage, these being the false cysts of the thyroid gland. Those are the two types we encounter.

I know nothing of the tubercular form of cysts of the thyroid. I doubt if such a condition as that exists in the thyroid. In other tumors of the thyroid gland—and now since the thyroid has been operated upon so much we know more about it,—we know that there are distinct conditions which differ absolutely the one from the other, and these types which we encounter most frequently, and the one which is quite as amenable to surgical treatment as any, is the form in which we have a tumor built up in the thyroid gland, which has a distinct wall. Therefore, the surgeon should be careful to ligate the vessels in advance in this form. The large veins and the inferior thyroid artery, in the other form, can be shelled out without much hemorrhage.

I recall in the winter of 1877-8 when I first witnessed operations on the thyroid gland, there was no operation which was as bloody as the operation done at that time, but, with the advance in surgical methods and with the appreciation of what we are dealing with in these cases of so-called goitre, we recognise a vast difference in our pathology and the surgical treatment is changed accordingly. There is no question at all that so-called goitre is a disease which assumes many variations, most of which are amenable to surgical treatment, and the thousands of cases which have been operated upon in Switzerland by Couvier, and others who have had much experience there, show the mortality is exceedingly small. Couvier has operated, perhaps two thousand times, with a mortality of a very few per cent., thus demonstrating these cases to be amenable to surgical treatment with small danger. Again, there is another class of goitre cases in which there is simply the enlargement of the structures. In these reduction in the size of the tumor can be secured by means of medicinal and other methods. But the cases of true tumor of the thyroid, which are cysts, demand surgical operation, and those cases can be operated upon safely and easily. The other class of cases, parenchymatous goitre for which some form of iodine can be administered or the thyroid extract, are amenable to medicinal treatment; but, as I have remarked before, when the true cysts or tumors are encountered you must operate. As to results in the cases in which excision and drainage is employed, you have to deal with another feature—namely, repair by granulation. In such cases, where you pack with gauze or cotton saturated with the iron preparations, you have to deal with a condition that leads to suppuration; a wound which heals but slowly. In clean operations prompt repair takes place.

Two Cases of Special Interest.[1]

I.—Multiple Herniae. II.—Large Angioma Hypertrophicum.

By WILLIAM SEAMAN BAINBRIDGE, A. M., M. D.,

Surgeon New York Skin and Cancer Hospital; Attending Surgeon New York Children's Hospitals and Schools; Adjunct Professor of Operative Surgery and Operative Gynecology, New York Post-Graduate Medical School and Hospital; Consultant New York Home for Destitute Crippled Children, New York.

THE two cases herewith reported present a number of interesting and unusual conditions.

I. A CASE OF MULTIPLE HERNIAE.

History.—Mary D., 45 years of age; married; three children, aged 23, 21 and 14.

Family History.—Negative. No herniæ.

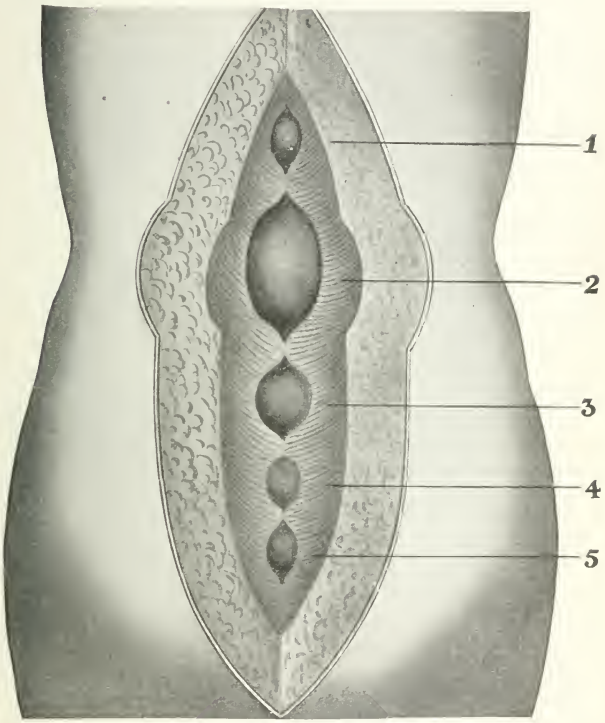
Previous Personal History.—No serious illness. Menopause established one year ago. At thirty a small femoral swelling, about the size of the end of the index finger, came while patient was leaning over, and was marked by a feeling as if "something snapped." This small hernia gradually increased in size. When pregnant, the patient had a fulness at the navel which disappeared after each of the first two pregnancies, but persisted after the third, growing gradually larger. For some years there has been a very profuse, fetid, yellow leucorrheal discharge; bowels were normal. For many years the patient has had what she termed indigestion. Errors in diet at times caused the production of a great deal of gas, a feeling of weight in the stomach after eating, and discomfort usually until the bowels moved. During the past seven or eight years there have been repeated attacks of pain in the epigastrium, extending through to the back. These attacks came on rather suddenly and lasted often for several hours. At times the pain was so severe that she was obliged to pace the floor. The pain disappeared, usually, as suddenly as it came, and only some epigastric soreness and the general exhaustion from the suffering remained.

Physical Examination.—The following conditions were revealed upon examination: Umbilical hernia about the size of a large egg; chronic appendicitis; a benign ulcer of the cervix; retroversion and retroflexion of a large and flabby uterus; left femoral hernia the size of an orange.

Operation.—May 26, 1904, the patient was divulsed and curetted. Many fungosities were removed. The femoral hernia proved to be an epiplocele, and was treated by the Bassini method.

1. Presented to the Clinical Society of the New York Post-Graduate Medical School and Hospital, December 16, 1904.

kangaroo tendon being employed. Next, a free vertical incision was made in the middle line encircling the navel. The umbilical protrusion was found to be an entero-epiplocele, and directly



Drawing showing conditions found in central line of abdomen at time of operation:

1. Hernia epigastrica.
2. Umbilical entero-epiplocele.
3. Para-umbilical epiplocele.
4. Para-umbilical entero-epiplocele.
5. Lipoma with small epiplocele underneath.

above this, in the linea alba, was a small epiplocele about the size of the end of the thumb. Just below the umbilical hernia was an epiplocele, and below this again an entero-epiplocele, both being

about the size of the one above the navel. Each hernia was a distinct protrusion through the aponeurosis into the thick fatty layer covering it. The overlapping of the aponeurotic layers (called by some, the Fowler-Mayo method,) was employed. Kangaroo tendon and chromicised catgut were used. Just below the hair line, in the centre, attached to the external surface of the peritoneum, was a small lipoma the size of a bird's egg which covered a slit in the linea alba through which protruded another small epiplocele. Before the incision in the fat was made only a very slight fulness could be detected in the central line of the abdomen, except at the umbilicus.

Before the closure of the abdominal wall the appendix was removed, and many adhesions in the neighborhood were tied off or cut away with the Paquelin cautery. Ventral fixation was now done, and the wound closed layer by layer. The condition of the patient at the end of the operation was very satisfactory. On June 8 the stitches were removed, and on June 29 patient was discharged from the hospital as cured. Since then there has been freedom from all symptoms. I would particularly note that there has been no return of the acute attacks of epigastric pain.

It is not uncommon for the recti muscles to be separated. Occasionally slits in the linea alba may be present. While these two conditions are well known to occur I fear, however, that not enough attention has been given to this form of herniæ. They are true protrusions of the contents of the abdomen, are difficult to diagnosticate, if small, and the patient is obese, and yet, as in the case reported for your consideration this evening, may cause acute attacks of pain which simulate a number of other conditions, such as biliary colic or gastric ulcer.

The patient has very kindly come over from Brooklyn tonight to be a visible demonstration of the complete cure.

Thus under one anesthetic the following operations were performed in this case: (1) divulsion and curettage; radical cure for: (2) femoral epiplocele; (3) hernia epigastrica; (4) umbilical entero-epiplocele; (5) para-umbilical epiplocele; (6) para-umbilical entero-epiplocele; (7) lipoma and epiplocele; (8) ventral fixation; (9) appendectomy.

II. ANGIOMA OF FACE.

This case was referred to me, at the New York Skin and Cancer Hospital, by Dr. L. Duncan Bulkley. The photographs of the child show clearly the steps of the operation, as well as the final result obtained.

History.—Boy, 5 months old, only fairly well nourished.

Family History.—No history of angiomata or tumors of any kind. One other child, who is normal.

Personal History.—Breast-fed baby, perfect at birth. When two weeks old Dr. William McChristie, the attending physician, noticed a small blue spot under the skin on the upper lip just below the septum nasi. This grew rapidly and in a month was as large as a marble, forming quite a projection in the upper lip. At six

No. I.—Before the first radical operation.

weeks of age Dr. McChristie started the hot water injection treatment, introducing into the growth between an ounce and an ounce and a half of boiling water once a week. There was considerable sloughing after the second injection. Five successive treatments were given. For four weeks thereafter the growth remained apparently quiescent, but then began to grow rapidly.

Operation.—On May 6, 1904, operation under chloroform anesthesia. The tumor at that time, as shown in Picture No. 1, practically embraced all of the upper lip, extending well up around the alae nasi, and somewhat into the nasal cavity on the mucous membrane. There was an ulcerated surface in the centre which had lately healed. Extirpation of the growth was made as complete as possible. There was no limiting capsule apparent. Each

ramification was followed and freely excised, extending the incision on to the septum in both nostrils, and around the alae nasi almost to the junction of the superior maxilla with the nasal bone on either side. A great deal of vascular and cicatricial tissue was removed. Hemorrhage was controlled by ligation of the coronary arteries *in situ*. Flaps from the adjacent tissue of the cheek were freed, and by means of catgut and silk sutures the parts were brought into apposition. There was considerable tension above,

No. II.—Taken before the second operation.

and for fear of possible sloughing it was deemed advisable to leave some redundancy of the mucous membrane of the lip at the vermilion border. The stitches held well despite the fact that after a few hours of crying breast feeding had to be commenced. The silk was removed on May 16.

Dr. J. C. Johnson, of Cornell University, examined the growth and reported it to be a "hypertrophic angioma."

Picture No. 2, taken in October, shows what was left of the redundant tissue. This had decreased in size somewhat since the operation, but the fulness of the mucous membrane was more everted. No apparent recurrence of the growth.

October 17 chloroform was again administered and the upper lip shaped by the removal of this small projection. Catgut and silk were employed and the latter removed on the tenth day.

Picture No. 3, taken a few days ago, gives the present condi-

No. III.—Present condition.

tion. A fine white line is all that remains to show what has been done. The lateral incisions are covered by the alae of the nose.

34 Gramercy Park.

Professor Postemski, of Rome, recently presented to the president of the Italian Red Cross Society the medical officers who had taken part in the campaign against malaria in the Campagna. The results have been highly satisfactory. The number of persons subjected to the prophylactic treatment with quinine was 11,962. Only 380 were attacked by the fever, of whom 67 had it as a primary and 313 as a relapsing disease. Some of the latter had suffered several times.—*Medical Age.*

Acute and Chronic Middle-Ear Suppuration, With Special Reference to Treatment.[1]

By GEORGE F. COTT, M. D.,
Clinical Professor of Otology, University of Buffalo.

THIS title refers of course to the middle-ear only, but as the external canal is frequently affected it might be proper to call attention to this condition as well. The external canal may be affected with boils or furuncles; they inhabit the parts generally situated near the external margin of the meatus and are extremely painful; the canal, especially if narrow, may be closed entirely or nearly so. Then chronic eczema may cause so much thickening that the drumhead cannot be examined for some time. The skin and periosteum of the external canal are closely united; any infection, which elsewhere in the body would be styled cellulitis, would here become periostitis, with excruciating pain and consequent swelling. Neuralgia of the fifth pair sometimes produces swelling of the auricle and canal, with pain, simulating middle-ear disease. Excepting eczema these conditions and many others, acute and chronic, are found with or without middle-ear inflammation.

FREQUENCY OF MIDDLE-EAR INFLAMMATION.

Adolescence seems to be the most fertile period; many cases, however, occur in early childhood following exanthematous diseases, but most cases occur as a result of vegetations in the nasopharynx, commonly called adenoids. Since the advent of influenza the number has been much augmented. Dr. Wyatt Wingrave, of London, recently reported to the Otological Society of the United Kingdom on 100 cases of middle-ear suppuration, acute and chronic, as they occurred in the Central London Throat Hospital. Most cases occurred from 15 to 21 years, the least, under one year, and over 50. Forty-two patients had a history of tubercle or clinical evidence of such in the patient, independently of the ear. Twenty-four had tubercle bacilli and seventeen more had permanent tuberculosis.

This finding was by a specialist; the general practitioner however would, if he looked for them, find many which the specialist never sees. In order to bring this more forcibly to your attention, I will mention that H. N. Leaven, in *American Practitioner and News* for January, 1903, quotes Panfi as having found in 100 postmortem examinations in children under three years of age who died from acute or chronic disease, in the majority of which otitis

1. Read at the Geneva Medical Society, September, 1904.

media was not suspected, all but nine had middle-ear inflammation and of these 73 were bilateral. Barth, of Leipzig, Germany, observed 600 infants and found in 80 per cent. otitis media present. These statements, made by most competent observers should make us more cautious in the examination of children suffering from infectious diseases, for it is very difficult to prove that middle-ear inflammation arises within that cavity.

PECULIAR IMMEDIATE RESULTS.

After pain has lasted from four hours to several days, the drumhead ruptures and there is a flow of serum or pus which may cease after a longer or shorter period, or may persist indefinitely, causing a great deal of destruction within the drum, impairing hearing, due to thickening of tissue, interfering with vibratory motion, or affecting the receptive apparatus or the internal ear. Occasionally the drumhead does not rupture, infection passing out of the middle ear by way of the periosteum and producing a mastoid periostitis simulating mastoiditis; or cells sometimes present, leading from the tympanum directly to the mastoid, may be affected without a channel leading to the antrum; commonly, however, the antrum is also involved. Pus may burrow through the mastoid process and down the side of the neck, forming abscess in the neck or anywhere lower down. In case a patient had repeated middle-ear suppuration in early childhood and each time recovered, apparently some slight inflammation of the throat may set up an acute ostitis of the temporal bone, and result in meningitis or sinus thrombosis. Brain abscess may develop in acute middle-ear suppuration, though rarely. Exfoliation of the cochlea in chronic cases has occurred and the patient recovered. The bone separating the middle-ear from the carotid artery, varying in thickness, has been involved, causing ulceration of the coats of the carotid and producing fatal hemorrhage. Twenty-one cases of this accident have been reported.

PROGNOSIS.

Acute middle-ear suppuration in children, if properly treated, nearly always recovers with very little impaired hearing; if neglected, chronic suppuration commonly follows. In acute infectious diseases it is sometimes extremely difficult to check the discharge, but persistent efforts are generally crowned with success, not however until serious damage is done as regards hearing.

SOME DANGER SYMPTOMS.

La grippe is the most formidable enemy the middle ear has and is perhaps the most difficult to get rid of. Persistent pain,

deep seated, is invariably due to antral involvement in acute cases; in those of subacute or a chronic nature, pachymeningitis or extradural abscess. Irregular temperature, mostly subnormal, with slow pulse, chills or numerous chilly sensations, slow cerebration and headache will direct attention to brain abscess. Steeple-peaked temperature, varying from 2 to 9 degrees in 12, 24 or more hours during middle-ear inflammation shows involvement of one of the sinuses, probably the lateral or sigmoid; bulging of the eye or swelling of the soft parts may mean involvement of the circular sinus. Bulging of the external ear, with or without pain, is invariably mastoid periostitis, with infiltration sometimes to the extent of an inch in thickness, but this periostitis may be present without immediate middle-ear involvement.

TREATMENT.

In acute cases pain must be relieved at all hazards. Hot sterile salt solution injected into the external canal with a fountain syringe four or five times a day, and hot applications over the ear and mastoid process often give great relief. Antiphlogistine may first be applied behind the ear; this substance is composed of pipe-clay and glycerine properly mixed. If the drumhead is found reddened and swollen, paracentesis will often give prompt relief. In the external canal periostitis or furunculosis incision may be called for, but is very painful; it may be relieved at times by the introduction of equal parts of anilin oil and alcohol and 5 per cent. of cocaine. In this condition of the middle-ear inflammation relief is often obtained by inserting into the external canal a bougie recommended by Dr. George L. Richards, of Fall River, Mass., consisting of:

Carbolic acid	1-6 grain
Fl. ext. opium	1-4 grain
Cocaine	1-14 grain
Atropin	1-30 grain
Water	52 minims
Gelatin	18 grains
Glycerin	158 grains

To make 42 bougies

After the acute symptoms have passed off the ear may be frequently dried with a cotton swab and some absorbing powder blown into the canal, but if there be periostitis, Wild's incision will be sufficient. If the mastoid is affected, chiseling away the broken down cells will become necessary; if the antrum is also involved this likewise must be opened. In chronic suppuration, which is always caused by caries of some part of the middle ear,

more thorough measures become necessary, such as the Stacke modified radical, or radical operation.

In uncomplicated cases the conservative treatment is to be preferred. This is within the reach of every practitioner, and if carried out carefully will give good results in the vast majority of cases. Impaired hearing will depend generally upon the amount of thickening in the middle, or involvement of the internal ear; very often however it is good even though no vestige of the drumhead or ossicles remain. The important treatment to the practitioner is that which he can carry out in his office. When granulation polypi are present they must be removed which, generally, is not painful even without cocaine. Syringing is often useless; still, in exceptional cases good results follow. The middle ear is best cleansed with a little peroxide of hydrogen, after which the interior should be dried thoroughly and henceforth the dry method should be used exclusively.

I will not mention all the powders used or liquids instilled, generally by the patient at home until he gives up in disgust and does as the older doctors recommended, outgrow it. We are beyond that period now and get results by medicinal or surgical means. To outgrow it, is a most dangerous procedure. In my last five radical operations, out of a total of 45, I found localised pachymeningitis in two, epidural abscess in another, septic sinus thrombosis in a third, and brain abscess in the fourth. When we have none of these complications present, but simply limited caries, the practitioner can treat the case quite as well as the surgeon. This may be done by cleaning the ear, then applying hot air through a conducting pipe of hard rubber, introducing it an inch into the meatus so that all the heat will be expended in the middle-ear. This may be done every day at the office or at home and used 5 to 15 minutes at a sitting. The odor will disappear after a very few treatments and the ear gradually become dry.

Some cases however are not so markedly influenced, and in children the hot air cannot be applied: hence in such cases we must use other means. The most efficient I have found to be pyoktanin. A small spindle-shaped piece of cotton is dipped into the powder and introduced deep into the meatus through a speculum; the meatus is then plugged with absorbent cotton, which is left for two days and then removed. The canal should be dried with a swab and another plug introduced, and so on until the discharge ceases entirely. It may require several weeks or months to accomplish the desired result, but persistency will often overcome the need of surgical intervention.

The formula introduced by Dr. Holbrook Curtiss, of New York, and practised by Dr. George L. Richards, of Fall River, is

made of pyoktanin, one part; boracic acid impalpable powder, nine parts, which are triturated. One ounce of this powder will last several years. The only care necessary is to prevent the purple color from staining the skin outside the meatus; it can, however, be removed with peroxide of hydrogen or preferably with alcohol. In many cases where, for various reasons, pyoktanin cannot be used, the following often gives excellent results: 5 per cent. resorcin in one hundred parts of alcohol, to be dropped into the ear daily or twice a day.

In acute cases it may be well to apply leeches to influence the blood supply to the parts affected. The internal maxillary artery enters the external auditory canal anteriorly; in inflammation of the canal the leech should be applied in front of the ear. In affection of the middle ear, which is supplied by the styloid artery and which courses behind the ear, the leech is applied over the mastoid process, taking care to plug the external meatus to prevent the leech from entering it. Sometimes, when the opening in the drumhead is small, it may be well to remove a part of it so that treatment can be more readily applied to the middle ear, and when the attic seems to be the source of the trouble this part particularly must be syringed out and then kept dry.

To recapitulate: in acute middle-ear inflammation with suppuration employ frequent hot saline injections, with drying powders. When in great pain, paracentesis and before this possibly the anodyne bougie, leeches, poultices or other hot applications.

In chronic suppuration, keep the middle ear dry, removing polypi or granulations with a snare or sharp spoon; then apply super-heated air every other day, followed by a powdered pyoktanin cotton plug introduced into the middle ear.

In chronic eczema, which is always due to the irritating discharge, keep the parts thoroughly dry, then apply 5 per cent. argyrol, which dries quickly, and afterward resorcin ointment. The most obstinate case will yield to this simple treatment, and after improvement is perceptible the ointment alone should be used.

The hot air apparatus which I use can readily be constructed from material obtained in the shops and is inexpensive. The more expensive outfits I have found cumbersome and more or less useless.

85 North Pearl Street.

Application of the Idea.—Gayman (in front of the mirror)—I don't know whether to wear a white necktie or a black one this evening. What is good form for a man over sixty?

Mrs. Gayman—Chloroform.—*Chicago Tribune.*

Professional Esprit de Corps.[1]

By JOHN W. LE SEUR, M. D., Batavia, N. Y.

IN OBEDIENCE to your resolution passed at the last session of this society, I endeavor to present a paper. It is a difficult matter to select a subject which is characteristic of novelty and usefulness, and in presenting the topic I have chosen today I have in mind only an endeavor to unify and strengthen an organisation which I believe may be made very useful to the physicians of Genesee county. Hence, I ask you for a few minutes to consider professional esprit de corps.

When a physician takes his hard-earned diploma, opens his office and enters upon the practice of his profession, he becomes gradually, almost unconsciously, but always increasingly, an autocrat. The very work in which he is engaged, the very unusual responsibility he must assume, the necessity of taking charge of affairs and directing the actions of others, the imperative nature of his duties, the necessity for demanding, securing and insisting upon obedience to his orders,—all these and many other things combine to make him a self-sufficient, and he is sometimes led to believe, an independent member of society.

The multiplicity of his duties, the varied nature of his occupation, the incessant demand upon his skill, his intelligence, his judgment, his sympathy, make him an individual in a class alone and unlike almost every other. He is of necessity *sui generis*. The difficulty of leaving his many duties for even a single day makes a cogent and forceful reason for a limitation of the number of his meetings with his professional brethren. Today I try to bring home to you all a truth which each of you knows quite as well or better than I do—namely, that association, conference, discussion, unity of effort, persistency, unselfishness, fidelity and sympathy and thorough organisation are all necessary to the highest and best medical efforts and professional enjoyment and success.

A unified medical profession is vastly more likely to command the respect and esteem of the public than a divided and quarrelsome profession. I shall mention some reasons why I deem it important that due consideration be given to our duties to each other and to our organised societies and institutions; or, in a word, why it is important for us to cultivate esprit de corps.

First. Our effectiveness will be increased if we work unitedly. It matters not what may be the object in view, two men working together always accomplish more than two men work-

1. Read at the annual meeting of the Medical Society of the County of Genesee.

ing separately, especially if they are united in a definite purpose to achieve a worthy object. Twenty can do ten times as much as two, and vastly more than this when each one of the twenty has the sympathy and coöperation of his co-laborers. Cromwell's army of Round Heads was invincible, because every member of that army had a keen sense of his individual responsibility, of the importance of his work, and of his ability to increase the effectiveness of the whole army. When every man can feel that he has the power to accomplish much by uniting his best effort with that of his fellow-laborers, when he feels that because he can do this he ought to do it, when he sees his own advantage and the advantage of his profession in unified action, then he will be willing and anxious to do his part towards the accomplishment of whatever unified counsels seem most desirable.

Granting the advantages of unified effort and of a spirit of fraternity and love for the profession as a unity, how can we best secure these? I venture to suggest a few of the ways that have occurred to me. You will doubtless think of many and better ways.

Second. I believe that esprit de corps would be promoted by an increased devotedness to medical societies and to physicians' clubs. There is a very high authority which says, "As ye have opportunity, therefore do good unto all men, especially as be of the household of faith." I do not claim that this was written with the intention that it apply to any particular body of professional men, but I do believe that it expresses a truth, the importance of which we cannot overestimate, and that it will be well worth our while to remember it in the professional and social duties of our everyday lives as physicians. When opportunity comes to do good, financially, socially, politically, professionally, to a brother physician, it is well worth while for us to meet this opportunity not alone because it will benefit the body professionally as a whole, but because a certain reflex benefit will accrue to the individual making this effort. We must be willing to recognise the fact that some of us will excel in one department and some in another, and we should be willing to recognise and utilise the best wherever it may be found, and by so doing strengthen our medical fraternity as a whole, and give increased advantage to those who may be the recipients of our professional care.

Third. We may promote esprit de corps by the exercise of sympathy and regard for one another. It is too often the case that physicians fail to speak the kindly word, each for the other, which is so easy and so effective in securing the respect of the public for the medical profession. The lines of life do not fall

to us all in equally pleasant places. Not all of us have the same measure of what men call success. Not all of us have equally pleasant places in which to toil. Some of us are greatly inconvenienced and hampered in our work by our surroundings. It sometimes occurs that those who have the hardest work and greatest privations have least of social or financial reward for their labors. Sometimes one of our professional family is so located that it is exceptionally difficult for him to meet his fellows, and he has a hard struggle against odds in his field of toil. To such a one our sympathy and cordiality, when he does attend one of our meetings, will prove wonderfully helpful. And if we find anyone of the members of our professional family burdened with a heavy load of responsibility and care, a kindly word of sympathy and cheer will be much appreciated. Each will thus make the other feel that there is pleasure as well as profit in society affiliation and work, and we may all thus promote esprit de corps.

Fourth. The spirit of the body, fraternity, good fellowship, in any organisation may be promoted by loyal support. The Genesee County Medical Society is professionally young as a distinctive body, but it is growing rapidly in members and in the scope of its usefulness. Perhaps even more gratifying than these pleasant features are the facts that with this numerical increase and enlarged sphere of activity the attendance has steadily increased, the character of the work is maintained, and last, but by no means least, the unified spirit of loyal support grows broader and deeper with each succeeding meeting of the association.

I think it has come to be true in this society that, without conference, each member may reasonably depend upon every member in Genesee county to do that which seems right and best for the interest of the profession as a whole. Every other line of intelligent activity today tends to organise with a view to increased effectiveness, and there is no reason why the medical profession should not utilise this idea for its own benefit and thus benefit its patrons. We can enter upon our work with greater satisfaction, we can secure greater effectiveness as physicians in this county when we feel that every physician legally qualified to practise, is a member of this society and is anxious to do everything he possibly can to make the society effective and helpful. It will be a source of increased satisfaction to all of us to feel that every member of this society may be counted upon for loyal support for every measure that is based on justice and equity; and this means something more than cheering for the society, something more than attending the meetings of the soci-

ety, something more than helping to eat a good dinner together once a month.

It means working for the society by writing papers, by reporting cases, by making investigations, by defending the rights of physicians in state and national committees, and striving by every means within our power to attain a high standard of excellence in our local and state society work, that we may command the respect of our enemies and deserve the encomiums of our friends.

The same local support that will make our societies in the highest degree successful will make us each appreciate the other more fully, that the weaker may be benefited by the strength of the stronger, and the stronger strengthened by the sympathy of the weak; and so it may come to be true that increasing satisfaction, success and strength shall be ours by an intelligent cultivation of what, for want of a better term, I today designate esprit de corps.

We shall be better acquainted and we shall learn to depend each upon the other; we shall learn to cultivate a spirit of fraternity and friendship and thus, with every member at his best, not alone for self, but losing selfishness in our thoughtfulness for our great common cause, we shall have pride and pleasure in esprit de corps.

SELECTIONS.

Perilous Calms of Appendicitis.[1]

By ROBERT WALLACE HARDON, M. D., Chicago, Ill.

[*Boston Medical and Surgical Journal*, February 16, 1905.]

THE patient died, who only a few hours before seemed to be doing so well, with a more normal pulse and temperature, with practically no pain, able to move about with comparative ease, and when those about him were led to think he was getting well. The surgeon who saw the case, before death, either refused to operate, finding a practically comatose patient, or operated only to find the results of a perforated appendix or the results of bacterial extension, affecting more or less and to a greater or less extent the abdominal contents, and the general system.

Deaver, in the *Journal*, 1904, page 860, says: "Every physician has had one case of severe acute appendicitis, which may have caused difficulty in diagnosis, has referred the patient to a surgeon, stood beside the operating table and observed a highly-

1. Read at the Surgical Section of the Mississippi Valley Medical Society, Cincinnati, October, 1904.

inflamed appendix, perhaps gangrenous, removed. And yet this same physician a few months or years later is called to see another patient in the throes of appendiceal colic, knows well what the disease may lead to, and yet gazes, fascinated as if by a rattlesnake, temporises and dallies until the right iliac fossa becomes ripe and filled with pus."

Why was not the patient operated upon before, at a time when operative results by skilful operators show practically no deaths? First, because of the large percentage of recoveries without operation. Second, because the attending physician or the family or patient hope that this case will be one of a large majority of recoveries without operation. Third, after waiting some hours, or a few days, the patient is apparently improving, and recovery is taking place, with apparently more or less subsidence of the active inflammatory process. This apparent subsidence of symptoms, the more normal pulse and temperature, the lessened pain may be, and frequently is, the precursor of symptoms and conditions much more grave and menacing to life than the more active ones. It often is the treacherous calm to be followed by the death storm, if prompt action is not taken or allowed.

A few examples will serve to illustrate the subject before going further:

Case I.—F. H., 44 years; male; saloonkeeper. Seen November 25, 1903, at noon. A large consumer of whiskey, but never drunk, using about a quart of whiskey daily for many years. Patient obese. Temperature 100° F.; pulse, 96. Arteries hard. Examination of abdomen revealed some pain on pressure, covering practically the entire region below umbilicus on right side. This area was also somewhat dull on percussion.

Ten days previous there was general abdominal pain, supposed to be neuralgic in character. For this an alkaline cathartic was given. Two days following the beginning of the attack, the pain became localised in the right inguinal region, *but was much less intense than at first, and remained in this region up to the time when I first saw the patient.*

No history of chills could be elicited. He was told that he had appendicitis, which had extended to the abdominal cavity, causing peritonitis with pus, and advised to go to the hospital at once and submit to operation. Refusing, he was advised to lie perfectly quiet, given a low enema, and all food and fluid by mouth cut off. Two days later he consented to go to the hospital, the treatment having given him no relief. On entrance at 5 p. m., his pulse was 96; temperature, 101.8°; respiration, 28. Operation was refused at that time. He was kept quiet and given enemas of normal salt solution, one pint every four hours, if awake, and

nothing was allowed by mouth. The urine showed ¼ per cent. of albumin, mixed hyaline and granular casts. The blood showed a marked leucocytosis, 29,000 being reported.

The second day in the hospital he had a chill at 2 a.m.; temperature of 104.4°; pulse, 128. Temperature at 8 a.m. next day was 100.6°; pulse, 100. At noon, temperature, 99.4°; pulse, 104. At 8 p. m., temperature, 100.4°; pulse, 90. The following day, after having been seen by two of my colleagues at the hospital he was operated upon, it being considered his only chance. He died. The operation revealed a general peritonitis, with some slight adhesions in the right lower abdomen, holding over a quart of thick, foul pus, having a fecal odor; a sloughed appendix, with only the stump remaining. The treacherous calm had passed; the storm was on, and the wreck came.

Case II.—Miss D. S., aged 26. This patient had been under my care at times for some years. Her past history as concerns this attack was of pain two years ago in the right lower abdominal region, thought to be ovarian, and for which no medical advice was sought.

On March 26, 1904, she ate some crab salad at a restaurant. The next day she had some discomfort in the right iliac region, and burning of her stomach. This was followed in a few hours by colicky pains in the right iliac region.

On March 28, she vomited twice. The family, thinking the trouble one of indigestion from the crab salad, gave her a cathartic, and applied antiphlogistine poultices and hot fomentations, with opium. The patient was first seen March 29, at 4 p.m., having a temperature of 102.8°, and pulse of 120. There was great rigidity of the muscles about the right iliac region, with pain most marked below and external to McBurney's point.

The diagnosis of appendicitis was made, and removal to the hospital advised. The family, still thinking that there was a possibility of indigestion, asked for and got a consultant. The diagnosis was confirmed, but although the patient had a fairly easily palpable abdomen, neither the consultant, Dr. Alfred C. Croftan, nor myself could feel the appendix, partly because of the muscular rigidity and partly because of its position. She entered the hospital at 9 p.m., with a temperature of 100.2°; pulse, 108; respirations, 24. She was prepared for operation. On my return to the hospital at 10.30 p.m., the temperature was 100.2°; the pulse had dropped to 88, and there was no pain except on pressure in the right iliac region, and this was less than when first seen. There was, however, greater tympany than when examined at 9 p.m.

I advised operation at once. The family again referred to the crab salad, and said, "It is only a belly ache; see how much better she is." I insisted upon consultation, believing it to be a perilous calm, and it was granted. The consultant agreed with me that operation was imperative, and it was performed at about

1 a.m. The operation took forty minutes, because of many old, firm adhesions of the proximal third of the appendix, and many new of the distal two-thirds. It was a muscle-splitting operation, with skin incision 1⅞ inches long. Later on the day of operation the pulse at 10 a.m. was 88; temperature, 100.2°; respirations, 24. At 6 p.m., pulse, 86; temperature, 98.4°; respirations, 22. During the day she was given liquids by mouth. The day following she was slipped out of bed to use a commode, the pulse and temperature being normal, and two days following was rested in a chair out of bed. The patient left the hospital nine days after operation, following an uneventful recovery.

Specimen from Case II. About four-fifths actual size. Lumen held open showing the two orange seeds.

This one of two recently removed appendices I have brought here as being of sufficient interest to show. This appendix was placed well down on the internal part of the cecum, having a course first anterior, then upwards, then backwards, and downwards, the curved portion being that held by dense old adhesions.

Pathological report in part: Length, 5½ inches. The distal end is greatly enlarged, swollen, and of a dark purplish color, extending two-thirds of the way up the organ to a point where a stricture is found almost obliterating the lumen. The capillaries and vessels over the surface are greatly distended. Upon opening into the lumen there were found two full-sized orange seeds. No free pus, but some fecal contents. The pathological histology of sections of this appendix shows extensive round cell infiltration throughout the mucous membrane, and glands almost entirely destroyed, as well as a part of the muscular coat in places. The bloodvessels were dilated and congested. There was also an interstitial hyperplasia, showing that a chronic form of disease had existed prior to the last attack.

The picture shows an acute catarrhal condition, with extensive necrosis.

Case III.—Mrs. G. W. S., 22 years. First seen August 6, 1904, at noon. Temperature 103°; pulse, 124; respirations, 26. She had marked pain in right iliac region, with rigidity of the muscles on both sides, less in left iliac region. She gave a history of difficult and painful micturition ten days before, with much swelling of the labia, which had subsided under the use of hot douches. Menstruation was normal. There had been no sickness since childhood, but she had not felt well since leaving Arizona in April. The day before, and at 2 a.m., on the day of visit, she had vomited three times, which was attributed to some medicine which she had taken. Vaginal examination showed some discomfort in vagina and tenderness of uterus and adnexa. A diagnosis of appendicitis and infection of uterus and tubes was made, and patient was sent to hospital.

Temperature at entrance at 3 p.m., 103.2; pulse, 120; respirations, 26. She was prepared for operation for appendicitis. Temperature at 8 p.m., 101°; pulse, 110; respirations, 24. Temperature at 11 p. m., 100°; pulse, 90; respirations, 24.

At this time the patient felt much better, having a less rapid pulse and much lower temperature, but examination revealed increased rigidity of the muscles in the right iliac region, and a particularly painful point below and external to McBurney's point. Vaginal smears showed gonococci. She was operated upon about midnight, and a slightly enlarged congested appendix containing in its distal end one large grape seed was found. The proximal end was somewhat constricted, so that it was barely possible to force through a probe from the distal end. A culture from the lumen showed a pure colon bacillus. An uneventful short recovery followed, she being at the hospital ten days. It is of passing interest to know that she last ate Tokay grapes in Arizona in April; also that her douche bag had been used by others using a common bathroom.

Case IV.—Mr. A. M., aged 30; married. Fairly developed and nourished. Previous history: about one year previous to present attack was sick in bed for three weeks, with a diagnosis of typhoid fever, although no Widal reaction was found.

First seen, October 17, 1902, at about 7 p.m. Facial expression drawn. Movements caused some pain in right inguinal region. He had been in bed two days; had not vomited, but the pain during the morning of the day seen had been very sharp and colicky. Pulse, 103; temperature, 102.8°; respirations, 24. Pain on palpation of right inguinal region, while marked, allowed sufficient manipulation, so that the appendix could be felt about one and one-half inches outside and below McBurney's point. A diagnosis of appendicitis was made. The patient was sent to the hospital. Passed a good night, sleeping well. In the morning his pulse was 84, and temperature, 99°, but the face was drawn and tympany more marked than on previous night. He was operated on in the

morning, and an erect, highly-injected, congested appendix removed. Near the base, the lumen was entirely constricted, and many old adhesions were separated, caused without doubt by the attack of the previous year, then thought to be typhoid. On opening the distended appendix it was found full of a thick, reddish-yellow pus. Cultures showed colon bacillus and staphylococcus.

The night following operation he got out of bed twice during the absence of the nurse to pass urine, and was allowed to get out of bed thereafter. The recovery was uninterrupted.

As briefly as possible, the aim of this paper is to try to reduce the unnecessary mortality due to a hope of recovery without operation. It has been tritely said that so many die of appendicitis because so many get well. Nothing could be more true. The one who gives advice against operation in this treacherous disease must assume a grave responsibility, notwithstanding the patient shows an apparent return to a normal condition, no matter what treatment is used. To say that he has never had a death without operation is only saying that he has been fortunate in not having cases that went on to ulceration, necrosis, perforation, peritonitis and general septicemia. The subsidence of one or more combination of symptoms may not mean recovery, but may mean a far more imminently dangerous condition for the patient. The pulse may return to normal and be of normal volume; the temperature may subside or go below normal. The pain may cease. The dead appendix knows no pain. "After the bowel perforates, all peristalsis rapidly ceases, and the silence of the grave broods over the abdomen." However, the treacherous calm is not a complete one. Something abnormal remains: greater tympany; accelerated pulse; increased pain; drawn facies; or increased muscular rigidity.

As long as the trouble is confined to the appendix, there is no immediate danger. But no one can tell when the trouble will extend to the peritoneum. There are no sharp lines to be drawn, and it is impossible to say when a peritoneum received its infection. Neither is it necessary for the appendix to be perforated for peritonitis and its sequelæ to occur.

These treacherous calms may come at any time during a few hours or days following the acute attack.

G. Dieulafoy well says: "Traitorous calms of appendicitis are often the cause of death. A temporising or hesitating physician notices with eagerness the seeming defervescence of the trouble, wishing to put off or avoid surgical intervention, believing it will always be time to operate later, between attacks, but nevertheless there follow terrible accidents against which surgical treatment is of no avail, and the patient dies."

CONCLUSIONS.

(1) Defervescence of symptoms and apparent better condition of a patient do not always mean recovery, but may be the forerunners of a more dangerous condition.

(2) There being no specific for the disease, no matter what treatment is used, the one who procrastinates should shoulder the responsibility for the death.

(3) When a clear diagnosis is made but one treatment should be advised, that of operation as soon as possible under the conditions, or the golden opportunity may be forever gone.

(4) The physician who does not explain the great dangers of delay and the small comparative danger of operation is doing his patient a serious injustice, which often leads to fatal results.

(5) Operation at the proper time usually greatly shortens convalescence, and eliminates all danger from this cause hereafter.

(6) Procrastination is the greatest cause of surgical deaths, operation often being performed as a last resort, when but little hope of recovery exists.

The Surgery of Nephritis.[1]

By J. C. SEXTON, M. D., Rushville, Ind.

[*Cincinnati Lancet-Clinic*, May 28, 1904.]

IN OPENING the discussion today upon the surgical treatment of chronic nephritis, I wish to allude briefly to three cases. These cases are not alike, but they illustrate certain points that will come up for discussion. On July 4, 1884, I saw an Irishman, 24 years old, in uremic convulsions all day. He had been pale and dropsical, unable to work on account of weakness and heart palpitation for two years. For two days prior to the convulsions he had complete suppression of urine. The spasms were very severe. He did not come to consciousness between attacks, and in the twenty-four hours he had nearly thirty seizures. We fully expected him to die, but his kidneys again resumed their function and he made a tedious recovery. That was in 1884. This man was still living in 1896. He had albumin and casts in the urine. To my positive knowledge he had chronic nephritis, with casts and large quantities of albumin in the urine, for fourteen years. He moved to another part of our state and may be still living for all I know.

I fixed a movable right kidney, making a rather free but not complete decapsulation, for a young lady, in December, 1901.

1. Read before the Rush County (Ind.) Medical Society, May 2, 1904.

She came for operation for prolapsed left kidney in December, 1902. After completing the operation on the left side I took the opportunity to dissect down upon the right kidney, and was able to demonstrate to the full satisfaction of the physicians present not only the number and size of the adhesions, but also—and this I ask you to note particularly—their extreme vascularity.

Eleven months ago I decapsulated the kidneys of a young lady for Bright's disease. This patient was sent to me by Dr. Green. The diagnosis of Bright's disease had been made by Dr. Arnold, of Colorado Springs, Dr. Green, of Rushville, and Dr. E. E. Hamilton, of Connersville. She had an enlarged right kidney, prolapsed to the second degree, and had carried undoubted symptoms of chronic nephritis for three years. She was pale and weak. Her hemoglobin, 70 per cent. She had edema of face, hands and feet. She could scarcely walk a block, and could not go up stairs at all on account of palpitation and dyspnea. She hardly knew herself without headache, and had frequent attacks of vomiting. There were days when she would eliminate scarcely any urea at all, and during these days her headaches and gastric symptoms were always worse. Then, again, there were days when she would eliminate from five to eight grains of urea per ounce of urine. The symptoms and character of the casts, as well as the condition of the organs at the time of operation, denoted a chronic parenchymatous nephritis, probably undergoing changes toward the interstitial variety. It is now a year since she came under the care of Dr. Green, and I can say that all her symptoms have improved, while most of them have entirely disappeared. This patient had been under treatment part of the time and under strict diet all the time for a year and a half preceding her operation, but was steadily growing worse.

The subject of treatment of the various forms of chronic nephritis by surgical measures has been before the profession now for some years, and a good bit of evidence both for and against the idea of operative interference has been presented.

The philosophy of the operation, as first held and still held by some, is that division and removal of the fibrous capsule relieves tension, and thus the inflammation is overcome. The opinion promulgated by Dr. Edebohls, of New York, is not that the inflammatory process is checked by relief of tension, but that a new blood supply is afforded to the crippled and failing organs through the vascularity of the adhesions that result from exposing the raw cortex of the kidneys. All forms of chronic nephritis have been thus treated, and if it becomes established that under the influence of the new blood supply the destruction can be checked, or even, as some claim, a regeneration of kidney epithelium takes

place, patients with Bright's disease in all its different forms will doubtless be benefited.

It does not seem to me to make any difference what view one may hold as to the pathology, for all forms of chronic kidney inflammation have one common lesion—namely, interference with and blocking up of, or compression upon, the arterioles and a gradual cutting off of the blood supply. One man may believe that all arterio-capillary sclerosis is due to the failure of the kidneys to eliminate certain toxins that irritate the intima of the arterioles of the body. Another thinks that arterio-capillary fibrosis or sclerosis is due to other causes, and that the changes found in the kidneys are only part and parcel of a general disease. In either instance the restoration or preservation of such vital organs as the kidneys must be of undoubted benefit. So we may say that interstitial nephritis, parenchymatous nephritis, chronic diffuse nephritis with or without exudation of serum-albumin, glomerulo-nephritis—in short, all forms of kidney inflammation —tend to destroy the kidney by encroachment upon its bloodvessels, and the idea of the surgical interference is to bring to these organs a new blood supply.

Now the question arises, will the kidney get new blood currents from these adhesions? I think it will, for I have seen in the case above reported the extreme vascularity of adhesions one year old, and because I cannot explain in any other way the undoubted cures of some of these cases. Some of the kidneys decapsulated for chronic nephritis have stood the test of pregnancy, of years, and of acute infectious disease. Every one knows a case of Bright's may live long and die of something else. I am only through telling you of one fourteen years sick, and the operation must do better than merely not kill, or it is of no real advantage. I have never seen a case of interstitial nephritis or chronic parenchymatous nephritis get well. I know cases that have lived many years, and even die of some other disease, but they carried crippled kidneys all the time.

On the other hand, there has been presented contradictory evidence. It has been claimed that experiments on animals show that in eight or ten months after a decapsulation the scar tissue over the cortex forms a new fibrous capsule, dense and firm, shutting off the new blood currents springing from the adhesions; then, again there is no evidence to show that there is any deep penetration of the cortex by new vessels. Opposition to the operation has been presented because it is said to be not infrequently fatal, and the cures are thus offset by the fatalities.

The operation, I can say, is not difficult, and should not be dangerous. If it is attempted upon small, red, contracted kid-

neys, it may be impossible, and would do no good if it was possible, for the kidney under such pathology is practically gone. On the other hand, if a kidney can be delivered without violence to its structure its capsule can be removed and the risk be no greater than for nephrorrhaphy, which practically has no mortality.

Therefore, I submit that we have enough evidence of the benefit to be derived from decapsulation to warrant at least a consideration of this operation in every case. I think patients should be kept upon careful treatment and diet afterwards, for there would be no sense in throwing extra work upon organs just because they have been recently operated. One must not expect to see very rapid changes in the health of these patients. The albumin may not disappear for a year. Edebohls does not look for much improvement before six months, or until the new anastomosis is established. Yet it is, to say the least, sometimes surprising how rapidly changes take place in the urine and improvement begins. In the case of Bright's just reported, in which I operated on the kidneys at intervals of a month, segregation of the urines on the twenty-fourth day showed three times as much urea from the operated kidney as from the one not yet decapsulated. Both these kidneys, however, were swollen, and the early improvement may have been due in part to relief of tension. I wanted to wait longer for the second operation until repeated tests would show the certain effect, but my patient experienced such marked relief from pain that she insisted upon the second operation.

Operations for chronic nephritis have shown that the disease is not infrequently unilateral, or that only limited portions of the organs are involved.

Having expressed my belief in the utility and safety of this treatment, and that operations should be given consideration in every case, yet that is quite a different thing from saying that the operation is indicated in every case. I am satisfied that Dr. Edebohls made a mistake to operate on all the thirty-two cases that presented themselves in 1902, many of which—the majority, in fact—were complicated by vascular and cardiac lesions. His death-rate of thirteen in fifty-one cases is altogether too high, and he must have operated on some cases in no way fit and in no way to be benefited by any treatment.

"Ferguson believes that decapsulation in acute, subacute and chronic nephritis, both interstitial and parenchymatous, is a practical and effectual procedure, but is not a panacea." (Murphy, Year-Book.) He thinks the beneficial result due to relief of tension and establishment of collateral circulation with the diseased cortex.

Schmidt (*Medical Record,* 1902,) denies *in toto* that decapsulation in any way inhibits the progress of Bright's disease, but admits that surgical interference has been successful in relieving pain and hemorrhage when medication had utterly failed. In anuria consequent upon or uremic symptoms occurring in the course of Bright's disease, incision and reflection of the capsule has been attended with relief, but this author thinks the effect due to the immediate relief of tension, and in no way permanent.

At the meeting of the American Medical Association in New Orleans, Ferguson, Edebohls, Gibbons and Winslow reported cures of chronic nephritis by decapsulation.

Horwitz reported (*American Medicine,* 1903,) four cases of chronic nephritis, all of which were symptomatically cured.

Johnson (*Annals of Surgery,* 1903,) performed the operation on fifteen dogs. He killed and examined these dogs at various periods after the operation. The kidneys were found surrounded by scar tissue, and in no instance could he discover any considerable anastomosis between renal and perirenal vessels. Edebohls, on the other hand, examined a kidney which he had decapsulated four months earlier, and found greatly enlarged bloodvessels entering the kidney from the fatty capsule.

Blake (*Boston Medical and Surgical Journal,* 1902,) had five operations with two cures, two deaths and one unimproved. Caille had marked improvement in a severe case of chronic nephritis in a five-year-old child after operation by Edebohls. Cases such as those reported by Whitacre, Bevan, Mendoza and Lucas show the operation to be of undoubted value in anuria from various causes. The reviews by Murphy, Coley, and Belfield clearly show that while the theory of renal and peritoneal anastomosis is not yet established, and most of us are far from accepting the idea of regeneration of kidney epithelium, yet there have been such a number of striking improvements and such a number of cures in interstitial nephritis, as well as in other forms of Bright's disease, that we can claim an advance in kidney surgery, and can present for consideration to every physician treating a case of Bright's disease or other chronic inflammation of the kidneys an operation that has merit, that has wrought cures, that is or should be practically without mortality, and one which gives the patient an advantage not offered by any other plan of treatment.

A SOCIETY of women in Berlin has recently presented a petition to the Prussian Minister of Education, praying for the prohibition of corsets in young ladies' schools on the ground that this garment is prejudicial to the health of the growing girl.

SOCIETY PROCEEDINGS.

The Medical Society of the County of Erie.

Special Meeting, February 27, 1905.

Reported by MYRTLE H. MASSEY, M. D., Secretary pro tem.

THE vice-president, Dr. A. H. Briggs, took the chair at 1.15 p. m., and in appropriate terms announced the death of former president, Dr. E. C. W. O'Brien, and asked the society to take such action as would befit the occasion. Dr. William Warren Potter said that it would seem proper to follow the precedents of the society, and moved that the chair appoint a committee of five to prepare a memorial of Dr. O'Brien. This was carried and the vice-president appointed as such committee, Drs. William Warren Potter, Henry R. Hopkins, DeLancey Rochester, S. S. Green, and J. M. O'Neill. The committee subsequently reported the following:

In Memoriam, Edward C. W. O'Brien, M. D., 1843-1905.

Edward Charles White O'Brien was born at Quebec, February 4, 1843, and died at Buffalo, February 26, 1905, aged 62 years. He received his preliminary education in the city of his birth principally from the Christian brothers and at private schools. At an early age he was compelled to earn his own living and after a few years hard work, which developed strength of character and a resourceful mentality, he decided to enter the profession of medicine. He came to Buffalo in 1859 and, after a few years, entered the Medical Department of the University of Buffalo from which he was graduated in 1867.

Dr. O'Brien began the practice of medicine almost immediately after graduation and continued his professional work until his last illness. He soon acquired the confidence of his colleagues and was a favorite with many of the older physicians. Dr. James P. White often sought his services as an assistant at operations, especially at distances more or less remote from the city. Besides being useful at the operating table he was an agreeable companion, and Drs. White and O'Brien always created a favorable impression during their professional excursions into the country.

Early in his professional career—namely, in 1872, Dr. O'Brien was appointed health physician of Buffalo, which then was the title of the office now known as health commissioner. He served in this office until 1877. During his incumbency several important events occurred, the most notable of which, perhaps, was an epidemic of smallpox which raged throughout the country, and

from which Buffalo suffered to the extent of about 1,900 cases. A smallpox hospital was established during the epidemic which Dr. O'Brien regularly visited twice a day, often late at night, in the discharge of his unpleasant duty. He made large use of bovine virus and is credited with being the first to use it here in any considerable way, meeting opposition thereto from the public as well as from some physicians.

Dr. O'Brien's service as health officer gave him prominence not only at home but throughout the state. This, no doubt, at least in a measure, subsequently led to his nomination as health officer of the port of New York, for which he was recommended by a large number of physicians and political friends, many of whom appeared before the senate committee to whom the nomination was referred, and urged his confirmation. He, however, failed of confirmation because of factional differences among republicans which existed at that time.

Dr. O'Brien had held many professional places of honor or trust. For about ten years he was surgeon of the 74th regiment, N. G. N. Y.; for many years chief medical examiner of the Catholic Mutual Benefit Association of the state of New York; attending physician at Saint Vincent's Orphan Asylum; consulting physician at Providence Retreat (hospital for the insane); consulting surgeon to the Riverside Hospital, and surgeon to the Buffalo fire department.

Dr. O'Brien was a member of the American Medical Association; of the Medical Society of the County of Erie (president in 1892); of the Buffalo Academy of Medicine; of the Alumni Association of the University of Buffalo (president, 1885), and a curator of the University of Buffalo, holding the latter place at the time of his death.

Perhaps during Dr. O'Brien's long and successful career nothing has been more accentuated than his faithful and efficient service rendered the fire department. It was his habit to respond to all second alarms turned in, night or day, in order to be present should his services be needed by any of the officers or men of the department. During his last illness anxious inquiries were constantly made by the firemen as to his condition and hope for his recovery was often expressed by the men whom he served so well. All the fire stations displayed flags at half mast upon receiving notification of his death.

Dr. O'Brien was a striking figure of well developed manhood, familiar to a large majority of our inhabitants, who will miss him in his public and private relations to the city and her citizens. He was an upright man, a courteous gentleman, an accomplished physician, and a faithful friend. Dr. O'Brien married Miss Monterey Allis, of New York city, October 8, 1879. His widow without issue survives.

In token of respect to the deceased the following resolutions are offered:

Resolved, That the Medical Society of the County of Erie has heard with emotions of sorrow and regret of the death of one of its distinguished members and former presidents, Dr. Edward C. W. O'Brien, and votes to spread the foregoing memorial upon its minutes.

Resolved, That a copy thereof, including these resolutions, be transmitted to his widow, with tenderest expressions of sympathy.

[Signed] William Warren Potter,
Henry R. Hopkins,
DeLancey Rochester,
S. S. Green,
J. M. O'Neil.

A recess was then taken on motion of Dr. Henry R. Hopkins, who also moved that the physicians present organise a meeting in the interest of the public health. This being seconded and carried, Dr. Hopkins further moved that Dr. DeLancey Rochester be invited to the chair. Carried. Dr. Myrtle L. Massey, who had been chosen secretary pro tem of the previous meeting, was elected acting secretary.

Dr. Rochester, on taking the chair, stated the object of the meeting under the invitation of the Medical Society of the County of Erie, to be in particular to take action concerning certain bills pending in the state legislature, which were believed to be inimical to the interests of the people of the state of New York.

At the request of the chair, Dr. Hopkins read Senate bill No. 298, introduced by Senator Davis, of Erie, purporting to regulate the practice of osteopathy.

Dr. William Warren Potter called attention to the dangerous character of such legislation. This bill, if passed, would add hundreds of names to the roll of physicians in this state. It was cunningly devised by shrewd men; in one place it restricted the practice of the osteopath, while in another it gave him all the rights of "other physicians." It was difficult to understand why such a bill could be taken seriously by the legislature and especially by the senate. If it should pass it would create a new schism and elevate to the dignity of a profession a system that has no such right. The University of the State of New York,—the department of education,—would be debased by such action and the great educational head of the state would be dragged down to the level of a low order of commercialism. He warned the entire medical profession of the dangers which threatened it and urged it to take such action as would arouse public interest on the subject.

Dr. S. S. Greene said that the bill was perfectly absurd on its face; that the chiropodists and the massage people might as well go to Albany and ask to be chartered as medical societies. He did not believe our legislators would listen to such an offensive proposition, but he recognised the uncertainties that might attend neglect and urged active opposition to the bill.

Dr. F. H. Millener read an editorial from the *Evening News* favoring the bill. This paper has generally been found on the right side of the professional education question, but in this instance had gone to the very extreme of inconsistency.

Dr. William C. Krauss urged that a strong protest be made through a representative delegation to Albany, at the hearing appointed to consider the bill. He urged that the situation be not regarded with triviality, but as a grave condition requiring strong measures to meet and antagonise.

Dr. Lucien Howe also considered it important that a special committee should proceed to Albany and oppose the bill in strong terms at the hearing.

Dr. A. A. Hubbell agreed with the previous speakers and also urged that the committee be instructed to oppose the optometry bill, which has again appeared in evidence at Albany. He thought the committee should be instructed to oppose the bills relating to osteopathy, optometry, kinesipathy, mental science or any other similar disgraceful attempt to lower educational standards or endanger the public health.

Dr. Ernest Wende said that he opposed the osteopathic bill and all similar measures not as a representative of the medical profession, but in behalf of the people. He blamed the public press for the standing it gave to quacks and nostrums, stating that they would have to go out of business were it not for the advertising their goods obtained in the newspapers which, in his judgment, made the latter particeps criminis in the deception of the people.

Dr. Henry R. Hopkins declared the bill exceedingly dangerous because, for one reason, it would license hundreds, perhaps thousands of men now engaged in the criminal violation of the law under the guise of the so-called practice of osteopathy. Under the provisions of the proposed bill none of these men will be required to meet the educational tests provided by the state for "other physicians," borrowing this term, "other physicians," from the language of the bill. Physicians, forsooth! without having studied medicine in all its several branches, not to mention lack of preliminary education. He declared the bill to be contrary to the

spirit of our institutions, against progress in professional and all other education and as jeopardising the public health. It turns the clock back to the conditions of the eighteenth century instead of keeping it abreast of the progress everywhere making in this enlightened twentieth century of superior attainments.

Dr. Hopkins then presented the following preamble and resolutions and moved their adoption:

WHEREAS, The state of New York, by a wise use of her sovereign right has, for many years, maintained a severe test of all persons seeking the right to practise medicine among her people; and,

WHEREAS, This state test has been exercised chiefly in determining the candidate's preliminary education, the time spent in gaining his medical equipment, the advantage the candidate had actually taken of these opportunities for general and professional preparation, and as to his good moral character; and,

WHEREAS, The wisdom of this policy on the part of the state of New York has been amply justified in the imitation thereof by more than forty states and territories of America; and,

WHEREAS, The medical profession of the state of New York is justly proud of her standard of professional preparedness and jealous that the same be intelligently maintained; and,

WHEREAS, A bill is now pending at Albany, known as Senate bill No. 298, which we have heard read; and,

WHEREAS, By the provisions of said bill a large number of persons are given the right to practise medicine in this state without test by the state of their preparedness for such great responsibility; therefore be it,

Resolved, That we the medical profession of the county of Erie, state of New York, are opposed to Senate bill No. 298, as a step backward in educational standards and as inimical to the public health.

Resolved, That we call upon our representatives,—Senators and Members of Assembly,—to oppose with all honorable means Senate bill No. 298.

Resolved, That a committee to be named by the chair is hereby instructed to visit Albany, to appear at hearings, and in all proper methods to execute the will of the medical profession of Erie county in opposing Senate bill No. 298.

Resolved, That a copy of these resolutions, duly signed and executed, be sent to each of our respresentatives at Albany.

The motion was duly seconded and carried as was also a motion that the chair appoint a committee of five to proceed to Albany and oppose the several bills referred to in the proceedings.

The chair then named the committee as follows: Henry R. Hopkins, Ernest Wende, William C. Krauss, A. H. Briggs, and Edward Clark.

The meeting was attended by twenty-five physicians and adjourned at 5.30 p. m.

ABSTRACTS.

Rupture of Gallbladder.

Spontaneous and Traumatic, Operative and Nonoperative—A Historical Review of 203 Cases.

By BENJAMIN MERRILL RICKETTS, Ph.D., M. D., Cincinnati, Ohio.

Author's Abstract.

[*Saint Louis Medical Review*, February 18, 1905.]

The author in the introductory paragraphs states that the object of his paper is to present as briefly as possible, the more important points of all available cases of spontaneous and traumatic rupture of the gallbladder, which have been reported to date in the hope, that the comparison of the results of operative and nonoperative methods of treatment thus afforded may be of use both to the physician and surgeon.

To facilitate this comparison he has divided the 203 cases mentioned into two classes, the spontaneous and the traumatic rupture; and each of these classes in turn into four divisions, each of which he treats in a separate chapter.

In chapter I, under the heading of spontaneous rupture he mentions 37 cases of spontaneous rupture of the gallbladder, which have been operated on successfully, and shows that 80 per cent. of these have been females; that one or more concretions have been found in 72 per cent of them; that 80 per cent. of these successful operations have been cholecystotomies.

In chapter II he mentions 27 cases which have been operated on successfully and shows that they were equally distributed between males and females; that concretions have been found in about 60 per cent. of them; and that 80 per cent. of these unsuccessful operations have been abdominal sections.

In chapter III he mentions 6 cases which have recovered without operation, and in chapter IV, 89 cases which have died without operation, showing that sex has been equally involved

in these cases, and that concretions have been found in about 60 per cent. of them.

A final comparison shows the recovery of 58 per cent. of those operated on as against the recovery of only 6 per cent. of those not operated on. In chapter I, under the heading of traumatic rupture, he mentions 23 cases which have been operated on successfully, and in chapter II, 3 cases which have been operated on unsuccessfully, death having been due to shock, infection and hemorrhage.

In chapter III, he records 14 cases in which death resulted without operation, showing peritonitis to have been the ruling cause of death, and in chapter IV, 4 cases which have recovered without operation, recovery having probably been due to drainage. Comparison of all traumatic ruptures shows the recovery of 88 per cent. of those operated on as against the recovery of only 22 per cent. of those not operated on.

Two Cases of General Paralysis Successfully Treated by Urotropin.

By N. F. MacHARDY, M. B., Ch.B.,
Assistant Medical Officer at the Coton Hill Hospital for the Insane, Stafford, England.

[*British Medical Journal*, January 28, 1905.]

The following cases are of interest as showing recoveries,—at least temporary and probably permanent,—from general paralysis of the insane, associated in the first case with locomotor ataxia. The treatment was urotropin. These are the only two cases treated, and both have maintained their recovery up to date of publication:

Case I.—G. W., aged 44; admitted October 11, 1902; dangerous and violent; marked general paralysis. Suffered from locomotor ataxia for over two years before admission, and for one week from mental symptoms. Grandiose delusions as regards wealth and strength. Progress till put on urotropin; delusions became worse. November 13, said he was worth £300,000,000. Steady progression of disease affecting walk and speech till September, 1903, when he was confined to bed, had a catheter life, and had to be attended to like an infant. By November 15, he became very weak, and I then commenced with 5 gr. urotropin daily.

Progress while on urotropin: December 29, urine is beginning to pass naturally. Patient able to sit up, and be assisted about by an attendant; is talking, but full of delusions.

January 20, 1904, physically much stronger, is up and has regained power over limbs. Passes all urine naturally, is full of delusions, says he is a girl, is a king, is very wealthy, and the like. February 20, considerable mental and physical improvement. Plays billiards, but not well; ataxia diminishing; memory affected and illusional; now on 10 gr. urotropin daily. March 20, talks more distinctly; is losing delusions; plays billiards better; worth only £30,000. April 20, had no lightning pains for three months; plays whist and billiards constantly; lost chief delusions; now on 15 gr. urotropin daily. May 11, memory still imperfect; is still a little boastful, but has no delusions; can talk well; physically very fit. June 10, no lightning pains since January; memory improving; no delusions or signs of general paralysis; pupil contracts to light. July 1, home on probation. August 1, I hear he is still better and now only appears nervous. Is still on 15 gr. urotropin; discharged today. October 1, he is as well as he has been and shows no signs of breaking down.

Case II.—A. F. G., aged 38; admitted May 28, 1904. Attacks since January, 1904. Improvement in February and then became much worse. On admission he had Argyll Robertson pupils and very exaggerated knee-jerks, with ankle clonus, twitching of facial muscles, slurring speech, and the like.

June 2, leads a catheter life. Put on urotropin, 2½ gr. twice daily. Is recovering from his semicataleptic condition, but hardly talks. June 9, some improvement. Passes a little urine by himself and helps to dress himself. Once or twice quite talkative. Told me he was buying a yacht, 250 feet long for £10,000. June 14, improvement continues. Gave him 5 gr. urotropin twice daily, but he had some hematuria, so I stopped it for a time. June 23, has gone back. Catheter life again; 2½ gr. urotropin twice daily. June 29, improving daily. Delusions of exaltation passing. Walks without assistance. Says he is a poor man. Passes water freely. July 8, improved very rapidly. Walks about and talks like a sane man. No delusions. Progress almost unbelievable. July 12, apparently well in every respect. Slight inequality of pupils only physical symptom. July 15, went home on probation. August 16, discharged "cured." September 10, got a letter from him today, very sensible. His friends think he is better than for years. Starting in business again. October 2, still well and continuing urotropin.

In conclusion, I would state that the influence of urotropin is marked from day to day. If the patient shows signs of relapsing, an increased dose stops the tendency. As before remarked, these two cases are the only ones treated, so this method deserves a trial in similar cases, as so far I have no failures to chronicle.

TOPICS OF PUBLIC INTEREST.

Canal Zone Sanitation.

The Panama Problem.

Report to the Government by Dr. Charles A. L. Reed, on the Status of Sanitation in the Canal Zone and in the Cities of Panama and Colon.

WASHINGTON, D. C., March 2, 1905.

Honorable William H. Taft, Secretary of War.

DEAR SIR:—Pursuant to your request I have the honor herewith to submit the report of my observations relative to the status of sanitation and of the sanitary department in the canal zone and in the cities of Colon and Panama.

I arrived at Colon on the 7th of February and sailed from that city on the 22d of the same month, thus affording me fifteen days in which to study, with more or less care, the conditions of organisation and the details of administration as they relate to the public health interest.

SANITARY STAFF EFFICIENT.

I was given every facility in this regard by General Davis, the Governor of the Zone; by Mr. Wallace, the Chief Engineer; by Colonel Gorgas, the Chief Sanitary Officer; as well as by his associates, Major La Garde, Lieutenant Lyster, and Dr. Carter. As a result of this investigation I became impressed with the efficiency and the zeal of the sanitary staff; with the fact that very much has been accomplished in the way of sanitation under exceedingly adverse circumstances; that much remains to be done which cannot be done unless better facilities are afforded; and that very much more ought to be done and would have been done if the facilities had been properly furnished.

I was forced to this conclusion, not only by what I saw and heard while on the Isthmus, but by a careful study of the published proceedings of the Isthmian Canal Commission, by a study of the laws of the canal zone formulated by that commission, and by a careful consideration of their first annual report, submitted under date of December 1, 1904.

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THE ORGANISATION OF THE HEALTH DEPARTMENT.

At the meeting of the commission, held at Ancon, August 28, 1904, Mr. Grunsky, as the committee on a proposed health department, presented a report which began by stating that "after repeated conferences with" Colonel Gorgas and with practically the entire sanitary staff, "it has been agreed," but which should

have stated that "in certain important particulars Mr. Grunsky has agreed with himself"; for, as a matter of fact, much of the report was formulated over the respectful protest of the medical men who were invited to the conference. By this report the commission, more especially Mr. Grunsky, provided for the creation of a board of health with power to formulate regulations which would become effective only after approval by the commission, or, in cases of emergency, only on the approval of the governor of the canal zone. Thus the chief sanitary officer who had been sent to the zone to clear it up and to make it ready for the actual work of the engineers had his discretion limited to the enforcement of regulations that had first been adopted by the commission or by a board of health; in which latter event it had to be sent generally to Washington to be endorsed by the commission, or, in cases of emergency, it could be approved or rejected by the governor of the zone.

THE EXTRAORDINARY SUBORDINATION OF THE SANITATION STAFF.

It thus came about that the chief sanitary officer, whom and whose department the medical profession had asked to be made largely autonomous, whom and which the President himself had obviously intended should be largely autonomous, was, by the action of the commission, more especially Mr. Grunsky, subordinated to the governor of the zone; to the chief disbursing officer; to the chief of the bureau of material and supplies; to Mr. Grunsky; to the commission; to the Secretary of War; to the President; subordinated in fact in the seventh degree from the original source of authority. And this is the state of affairs on the Isthmus today. One cannot but be impressed with the anomalous condition by which a man of Colonel Gorgas's distinction, the foremost authority in the world in solving the peculiar problems that are connected with sanitation on the Isthmus, is being made subordinate of a whole series of other subordinates who are confessedly ignorant of the very questions with which he is most familiar.

HOW THE MACHINE DOES NOT WORK.

It is interesting to inquire into the working of this wonderful mechanism. Thus, if Major La Garde, superintendent of Ancon Hospital, makes a requisition for supplies, he must make it in due form, take it for approval to the chief sanitary officer, then to the governor of the zone, then to the chief disbursing officer; whence it goes to the commission at Washington; then to Mr. Grunsky as committeeman; then back to the commission; then, if allowed, bids are advertised for; awards are made; the requisition is filled under the supervision of a purchasing agent notoriously ignorant of the character and quality of medical and surgical supplies; the material is shipped to the Isthmus, consigned to the chief of the bureau of materials and supplies, who notifies

the disbursing officer, who notifies Colonel Gorgas, who in turn notifies Major La Garde, who applies to the quartermaster,—the boss of a corral,—for transportation, and so much of the stuff as in the judgment of, first, the governor, next the chief disbursing officer, next the commission, next, and more particularly, Mr. Grunsky, ought to be allowed to the superintendent of Ancon Hospital finally arrives or does not arrive at its destination. This is no fanciful picture; it is exemplified in practically every ordinary requisition that goes forward. And what is true of Ancon Hospital is true at Colon, at Culebra, at Miraflores and at all points along the line that require supplies of this description. It is true that in the presence of emergency it is not necessary to send clear to Washington, and certain purchases are permitted and authorised in the open market at Panama, but always, of course, at greatly increased prices.

An instance in point occurred a few days before my departure from Ancon: A woman in the insane department was delivered of a child; her condition was such that she could not nurse her offspring; the nurse applied to Major La Garde for a rubber nipple and a nursing bottle; he had none,—the requisition of last September had not yet been filled; he made out a requisition, took it to Colonel Gorgas for indorsement, then to Mr. Tobey, chief of the bureau of materials and supplies for another indorsement, then to a clerk to have it copied and engrossed; then a messenger was permitted to go to a drug store and buy a nursing bottle and a nipple, which finally reached the infant two days after the necessity for their use had arisen. The articles ought to have cost not more than 30 cents, but counting the money value of the time of the nurse, of Major La Garde, of his clerical help, of Colonel Gorgas, of Mr. Tobey, of Mr. Tobey's clerks, of the messenger, the cost to the government of the United States was in the neighborhood of $6.75,—all due to the penny-wise and pound-foolish policy of the commission, more especially of Mr. Grunsky.

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THE SANITARY DEPARTMENT DENIED THE RIGHT TO DECIDE ON THE SUITABILITY OF ITS OWN SUPPLIES.

The commission at Ancon last August adopted a resolution creating a department of the zone government to be known as the "material and supplies department," the chief of which is "charged with the receipt, inspection on the Isthmus, custody, care, shipment, transfer, issue and disposition of all supplies, material, equipage and floating equipment unissued and not in actual use." It is, however, specifically provided that:

> The governor of the Canal Zone, acting for the executive branch of the government of the zone, and the chief engineer, acting for the Department of Engineering and Construction, shall have authority to decide on the suitability of any and all supplies furnished, and their requisitions

for such materials as are on the Isthmus shall be promptly filled without reference to a higher authority.

There is nothing said about the sanitary department, and as that which is not included is excluded, it follows that the right very justly accorded to the Engineering Department is denied to the sanitary department as such. It is obvious, of course, that the sanitary department, being made subordinate to "the executive branch of the government of the zone," can get supplies, but subject only to the judgment of the governor, who, by this resolution, is empowered to pass on the suitability of any or all supplies for the Medical Department or the Department of Public Health."

An example of the working of this rule was shown in the recent purchase of an *x*-ray outfit for the Ancon Hospital. The requisition went in several months ago and was pending before the commission, more especially Mr. Grunsky, when the expert who had been specially employed to do *x*-ray work in Ancon, happened in Washington and requested the privilege of selecting the Crookes tubes; the request was peremptorily refused; the expert urged that his knowledge would enable him to make better selections than would be probable of an unskilled purchasing agent, and went so far as to urge as an additional reason the distance to the Isthmus, the time involved in transportation, to say nothing of the expense involved, only, however, to be informed that if the tubes did not suit they could be returned. They came after a long delay, were found worthless and were returned; other ones have not yet been sent to replace them and, as a consequence, Ancon Hospital is today without *x*-ray service, while the salary of the expert goes on. In another instance objectives for a number of microscopes were carefully specified by the chief of the laboratory, who would naturally be presumed to know most about them, but the commission, more especially Mr. Grunsky, assumed to possess superior knowledge of the subject and substituted others, with the result that when they arrived on the Isthmus they, too, were found to be worthless.

The foregoing are but two examples of what is constantly occurring. The matter becomes really very serious when it involves questions of medicines, and in this particular furnishes a strange inconsistency with the laws laid down by the commission for the government of everybody else but themselves. Thus, by the laws of the canal zone, a severe penalty is imposed on druggists and purveyors in general for substituting one medicine for another that may have been ordered, yet instance after instance is coming to the front in which the commission, either through Mr. Grunsky or through an unqualified purchasing agent, is foisting on the medical service remedies other than those specified in the requisitions. This, I believe, holds true in practically every requisition for medicine that has reached Ancon Hospital, and the same principle may probably account

for the fact that the majority of all of the requisitions for medical supplies have been either ignored or suppressed by the commission at Washington.

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CHEAP PHYSICIANS FOR THE ISTHMUS.

The commission in every effort that it has made to secure service of any character on the Isthmus has tacitly acknowledged the unhealthfulness of the region by holding out as an inducement the fact that employes will be furnished free medical treatment, including the service of the hospitals. The fact that medical men in the zone would have much executive work to do, that they would have to deal with large bodies of workmen, and that their duties would require the exercise of trained judgment in a very broad sense, prompted Colonel Gorgas to advise that only relatively mature men be brought to the Isthmus in the capacity of physicians. He advised, furthermore, that the minimum salary to be paid to medical men in the zone be the same as the minimum salary paid in the Army for contract surgeons—namely, $1,800. This plan did not, however, commend itself to the commission, more especially to Mr. Grunsky, who, in the interest of alleged economy, conceived the brilliant scheme of establishing interneships in the hospital of the zone, the incumbents to receive $50 per month, the same salary that is paid to nurses. The verbal justification of the plan offered by Mr. Grunsky, and subsequently adopted by the commission, is that young men will thereby receive a preliminary training in tropical diseases, which is to be accepted by them as part pay for their services, after which, that is, after a year, if they so desire, they will be at liberty to return to the states. But Mr. Grunsky takes pains not to say that the incidental service to be rendered by these internes is to represent the bone and sinew of the medical service on the Isthmus, and likewise fails to make clear how he expects to establish a stable medical service if, after the expiration of a year, his internes are at liberty to return to the North, which they would doubtless do in the absence of inducements to remain on the Isthmus. And what if they should desire to return before the end of a year?

This question brings us face to face with Mr. Grunsky's trap to get cheap medical service for the zone. Once on the Isthmus, these young men, finding themselves on the salaried basis of nurses with incidental expenses that cannot be evaded and that will eat up the last penny of their beggarly stipend, desiring to leave their humiliating positions, will find the door closed against egress. It is even today easy for an employe to get to the Isthmus, but it is already exceedingly difficult for him to get away from it. And what is true today will be more emphatically true in the future, a fact that the commission, more

especially Mr. Grunsky, takes great care to leave in the background.

But the commission, more especially Mr. Grunsky, holds up the prospect of promotion. This in any event, under Mr. Grunsky's rules, cannot be granted under one year, and then, if granted, which it may not be, the salary is placed at $125 per month, or $300 per year less than the minimum salary paid to contract surgeons in the Army. What is there about the medical service in the canal zone that should render it less entitled to compensation than the same medical service when rendered in the Army? What is there about the personnel of the zone government, about the employes, about the laborers, that they should be furnished with a cheaper grade of medical service than the officers, soldiers and enlisted men of the Army? Why should not the commission, more especially Mr. Grunsky, follow the example of both the Army and the Navy and accept men who have already served interneships in the hospitals of the states, give them decent salaries, and then, after sending them to the Isthmus, give them additional opportunities for the preliminary study of tropical diseases at the hospitals at Ancon and Colon? And why should this not be done at once, that a competent medical staff may be at the Isthmus when the large bodies of workmen shall have arrived? This could not but be gratifying to the chief sanitary officer, whose wishes, however, it would seem need only to be expressed to have them vetoed by the commission, more especially by Mr. Grunsky, in what seems to be a fatuous desire, regardless of consequences to give every detail the impress of his overpowering personality.

THE UNITED STATES IN CHEAP COMPETITION WITH THE MEDICAL PROFESSION OF PANAMA.

The course of the commission in its endeavor to establish a cheap medical service, naturally enough made up of cheap doctors, which they hope in the future to send to the zone, is not limited in its influence and in its pernicious results to the zone itself. To make this clear, however, it is important to remember that under the truly remarkable plan of organisation of the sanitary department devised by Mr. Grunsky, adopted by the commission and duly engrossed in the laws of the canal zone, it is provided that all persons not employes of the commission, but who may be "sick in the canal zone and in Colon and Panama, should be admitted to the hospitals, but such persons shall pay according to their means." This practically opens the hospitals of the zone as private pay hospitals to all the world, for it would be difficult for any sick persons to come from anywhere and to enter the zone at either end without being sick in Colon and Panama. As a matter of fact, it happens with increased frequency that patients, not only from Panama, but from various points along the coast and in the interior, are received and treated

in the hospitals at Ancon. I have no knowledge touching this point at Colon, but can see no reason why it should not be equally true there.

The thing, however, would not seem so bad if the provision that these patients should pay according to their means had been permitted to stand without qualification. Unfortunately, however, the commission, more especially Mr. Grunsky, with his fondness for prescribing details, proceeded to lay down a per diem charge for room and for nursing at Ancon, the rates being about the same as those charged for similar service in the better hospitals of the United States. He, however, did not stop at this point, but made it a part of the laws of the canal zone that "surgical operations shall be charged for according to their importance and the financial ability of the patient to pay, but no charge in excess of $50 shall be made without the approval of the director of hospitals." As the office of director of hospitals has been abolished, the maximum rate to be charged for surgical operation, without reference to their gravity, stands at $50. It is furthermore provided by Mr. Grunsky and made part of the laws of the canal zone, that physicians connected with the hospitals must visit the residences of persons "entitled to treatment at the hospital, at a fixed daily rate of pay," which visits "shall be charged for at the rate of one-half dollar ($0.50) for each visit, but no such charge is to be made for emergency calls nor in the cases of persons entitled to free hospital treatment until after the person has been ordered into the hospital." These rates which, in the instance of surgical operations, vary from one-fourth to one-tenth of the average charge in the United States and in the Republic of Panama, and in the instance of visits, less than one-fourth of the ordinary rates charged in either of the two countries, cannot but be disgusting to the medical profession in the states who are not in the least influenced by the belittling competition.

It is important, however, to bear in mind that the physicians at Ancon are in no sense the beneficiaries of the extra revenue that is derived from the extra service thus imposed on them. On the contrary, it is provided by the commission, more especially by Mr. Grunsky, and duly engrossed in the laws of the canal zone that:

> The money realised in the hospitals from charges for board, medical attendance, surgical operations and the like, and from visits at residences as set forth, shall be considered public funds and turned over to the government of the canal zone.

It follows, therefore, that it is not the medical men sent to the canal zone, but the United States, our own great nation itself, that is engaged in this belittling business, which must be recognised as a personal insult to any decent practitioner of medicine in any country of the world.

In the Republic of Panama it amounts to more than an insult; it is an actual damage. This was brought to my attention by one of the most distinguished members of the medical profession of that country, who first made me aware of the situation, and who did so in terms of bitter complaint. He explained that under the operation of this order of things, and in spite of the existence of other hospitals in Panama, private patients, attracted by the cheap rates and the prestige of the medical staff at Ancon, are flocking to that institution to the present serious embarrassment and prospective ruin of medical practitioners.

I took the liberty to mention this matter in the course of a personal interview with President Amador, himself the most distinguished medical practitioner of the republic. As he is a friend of long standing, I had no hesitancy in broaching the subject and no difficulty in securing from him a very frank expression of fact that the situation had become so serious that he had been waited on by his colleagues of the medical profession, his constituents and fellow-citizens, by whom he had been requested to make formal representations on the subject to the American minister, but that he had desisted out of his great desire to avoid even the semblance of friction with the United States, and in the belief that a knowledge of so flagrant an injustice would sooner or later reach executive circles in Washington and would be corrected.

But a commission that is capable of thus busying itself with petty but, in their hands, annoying and obstructive details, would naturally enough be expected to forget matters of real importance. One cannot, however, even at the hazard of seeming impertinent, enquire: "Why is there yellow fever in Panama?"

WHY IS THERE YELLOW FEVER IN PANAMA?

Yellow fever is demonstrably a preventable disease, and as a consequence all deaths resulting from that disease must at once raise the question of responsibility. Panama has long and justly been recognised as a seat of yellow-fever infection, just as was Havana before the brilliant sanitary achievements of Colonel Gorgas in that city,—achievements which resulted in his call to the Isthmus. The real campaign against the disease in Havana, more particularly against the disease-bearing mosquitoes, lasted from January to September, 1901. As Panama is but a village in comparison with the Cuban metropolis, it was naturally expected that similarly satisfactory results would be realised there in the same if not less time. But yellow fever is still endemic in Panama. Why is this true?

The dangers of the situation were thoroughly appreciated by Colonel Gorgas, even before he went to the Isthmus, and he laid before the commission a plan of campaign which embraced several distinct features—namely:

1. The installation of a sewer system in the cities of Colon and Panama.
2. The installation of water supply in those cities.
3. The cleaning of the streets including the disposal of garbage and night soil.
4. General sanitation of houses including their fumigation and the drainage of neighboring pools, the abolition of water barrels and cisterns and other places for the propagation of the yellow fever mosquito.
5. The prompt isolation of all cases of yellow fever.

These various steps bore such a logical relation to each other that one would become practically inoperative without the other. Thus, without drainage, a water supply would only augment the evil; without both it would be impossible to abolish the cisterns and water barrels that are breeding places of the yellow-fever mosquitoes; without abolishing the breeding places of these mosquitoes, it would be useless to attempt the formation of more than demonstrably infected houses.

This view was apparently accepted by the commission, even including Mr. Grunsky, before the first visit of that body to the Isthmus, and it was likewise the view still held by Colonel Gorgas and by the entire personnel of the sanitary department, as well as by Mr. Wallace, the head of the engineering department, when, on June 28, the sanitary government was established in the canal zone. Panama was then apparently free from yellow fever, but Colonel Gorgas, with his Cuban experience, and knowing the danger that was lurking in the immediate future, set about promoting these complete measures of prevention, while Mr. Wallace addressed himself to plans and specifications for water-works and sewer system for Panama. The plans of both of these men went promptly before the commission, but it was not until that body had returned to the Isthmus, in August following, that they were given serious consideration; meanwhile, the danger of which Colonel Gorgas had forewarned them had developed; for, on July 12, Charles Cunningham was stricken with yellow fever, from which he died two days later. Fourteen days after this death another case developed, which, however, went on to recovery. When the commission arrived at Ancon on the occasion of its second visit, that is, on August 3, Colonel Gorgas again urged the prompt assumption of sanitary control over Colon and Panama, and cited the case still in the hospital, and the fatal one that had preceded it, as danger signals of sufficient gravity to justify action. But the commission, more especially Mr. Grunsky, had not yet determined the degree of humiliating subordination to which the sanitary department was to be subjected, and, under pretext of perfecting a plan of organisation, deferred action for another three and one-half weeks,—valuable weeks,—that is, until August 28. On this date the commission, on the report of Mr. Grunsky, adopted Mr. Grunsky's plan of organisation, by which, as I have already shown, Colonel Gorgas was subordinated to the seventh degree below the original source

of authority. Even then, with the cases of yellow fever staring them in the face, the commission, at the instance of Mr. Grunsky, directed Colonel Gorgas, acting through Governor Davis, to refrain from any attempt to secure sanitary control over the cities of Colon and Panama, citing certain more or less diplomatic frivolities as a pretext for deferred action. It was only after four or five months had elapsed, only after the progressive development of yellow fever had reached the sensational point, and only after the personnel in the canal zone had become thoroughly alarmed over the situation, that Colonel Gorgas was permitted by those in authority over him to assume the sanitary control of the two cities, one of which, Panama, having by this time become very generally infected.

But even then his hands were tied, sometimes, and in important particulars, by the arbitrary exercise of superimposed authority, but all the time, and in still more important particulars, by the fact that the water supply and the sewage system were not installed. Mr. Wallace had drawn the plans and specifications in July previous, and had taken care to specify only such pipe as manufacturers keep in stock, and that could therefore be procured without a moment's delay. But the commission, more especially Mr. Grunsky, in total disregard of the emergency that was present, saw fit to indulge in some views about pipe, and as Mr. Grunsky is a civil engineer and needed to impress the fact on somebody, he summoned Mr. Wallace, confessedly one of the ablest engineers but now his subordinate, before the commission to explain why he had specified both eastern and western standards of pipes. The explanation given by Mr. Wallace that either one or both of these standards would answer the purpose, and that it had been simply his desire to purchase the pipe promptly, if necessary in small lots, and to get the pipe promptly on the Isthmus, seemed to make no appeal to either the commission or Mr. Grunsky, and pipe of the western pattern alone was ordered. The delay in the consideration, of this particular point consumed another precious two weeks, after which Mr. Wallace was authorised to proceed with the work. This he undertook with his characteristic energy, and allowing for all reasonable delay in procuring the pipe and in sending it to the Isthmus, promised the people of Panama that they should have water by December. He finished the work at the Rio Grande reservoir in a short time; the trenches for the pipe were dug, washed full of dirt and redug, but still there was no pipe. Mr. Wallace then cabled to Washington, urging that pipe be sent, only, however, to receive a reprimand from Admiral Walker, chairman of the commission, admonishing him that cablegrams from the Isthmus were expensive. It is now nearly the first of March, and the schooner which brought the first consignment of pipe, not enough to complete the work at Panama, was discharging the cargo at Colon as I left. It is further understood that before the work can go on this same

schooner must sail back to Mobile, await the arrival there of enough pipe to make a full cargo, then sail back to Colon and again unload—a proceeding that, at a conservative estimate, will consume at least from two to three months. And all this by a commission that controls a line of steamers plying weekly between New York and the Isthmus!

In the light of all these facts, in contrast with the brilliant results achieved by Colonel Gorgas in Havana, where he was given not only a free hand, but his own purchasing and distributing agents, the responsibility for the present existence of yellow fever on the Isthmus can be placed nowhere else than on the Isthmian Canal Commission, more especially on Mr. Grunsky.

THE CAMPAIGN AGAINST MALARIA THWARTED BY THE COMMISSION.

But sensational as is yellow fever, now apparently on the increase at the Isthmus, the fact remains that malaria is the more serious pest. The discovery that malaria is disseminated by the anopheles has, however, made it possible to minimise the disease by proper preventive methods. These embrace (*a*) drainage, (*b*) the isolation of malarial patients, (*c*) the prophylactic synchronism. That these three things might be done, and done before the onset of the dry season, Colonel Gorgas asked the commission last August to furnish men to dig ditches and drain pools about the houses of natives; he asked also for wire screening with which to isolate all patients afflicted with malaria, and quinin with which mildly to cinchonise laborers and others exposed to the malaria bearing mosquitoes. The commission, more especially Mr. Grunsky, however, thought that the number of ditches asked for, something like twenty, was too many, and allowed only half those estimated, but as the dry season has arrived and is almost past, and as the small squad of ditchers is still digging, it would seem that the original estimate was justified by the necessities of the situation. The wire screening was likewise cut down from 2,500 yards to 500 yards, and even that has not yet arrived on the Isthmus. The use of quinin as a preventive of infection did not commend itself either to the great therapeutic skill or to the economic judgment of the commission, more especially Mr. Grunsky, so the observation of medical men with previous experience on the Isthmus, the conclusions of authorities in tropical medicine, such as Munson and Giles, the investigations of the Italian authorities, and the unequivocal verdict of Koch, were pushed aside and quinin for this purpose was stricken from the list.

The result is that while much has been accomplished by drainage, and by the admission of small fish into the runnels made by the small force of workmen, and while much has been accomplished by the prophylactic use of quinin by the personnel and employes of the higher grades, and taken by them in spite of the action of the commission, the fact remains that in the absence of

the wire screening ordered last August, each case of malaria becomes a focus for the further dissemination of the disease. This is shown even at the Ancon Hospital, where in the complete absence of wire screening for the malarial wards and the consequent impossibility of excluding the malarial-bearing mosquitoes, non-malarious patients are becoming malarious, while both nurses and attendants are being made frequent victims of the disease. Two members of the medical staff likewise were suffering from malarial infection during the time of my stay at Ancon. Yet in spite of these facts the Isthmian Canal Commission, in its report under date of December 1, 1904, page 88, states that "all cases of employes sick with malaria are taken into the Colon and Ancon hospitals and so screened that mosquitoes cannot reach them"—a statement that is an absolute and an unqualified falsehood.

CHEAP NURSING SERVICE.

This report might be indefinitely amplified, but time will not permit. I feel it important, however, to allude to the fact that the policy which the commission, more especially Mr. Grunsky, has adopted with reference to furnishing cheap medical service to those who risk their lives in the zone has been adopted for the purpose of furnishing nurses for service in the sanitary department. The effort has been made under the subterfuge of establishing a training school to be conducted at Ancon, to get nurses to go to the zone at about the same rate that is paid for pupil nurses in the training schools of the United States. The same conditions, practically, are imposed on the nurses with reference to time service that is imposed on the internes, with the difference, however, that the period of enforced detention on the Isthmus under contract is placed at three years instead of one. This is not a place to take untrained nurses under any pretext, for nothing but fully developed talent in the various departments of activity should be sent to the Isthmus.

CONCLUSION.

In view of the foregoing facts and disregarding equally serious facts relating to the department of engineering and construction, facts which the really valuable services of such individual commissioners as Messrs. Parsons and Burr could not entirely neutralise, but on which I do not feel qualified or authorised to report, I beg leave to call attention to the further observations of the President when he inducted the commission into office, as follows:

> I believe that each one of you will serve not merely with entire fidelity, but with the utmost efficiency. If at any time I feel that any one of you is not rendering the best service which it is possible to procure, I shall feel called on to disregard alike my feelings, and forthwith to substitute for him on the commission some other man whom I deem capable of rendering better service.

In view of the facts which I have presented, in view of many more facts of similar purport which might be presented, in view of the President's manifest and expressed wishes and their complete disregard by the commission, but more particularly in view of the vital interests at stake, I have the honor not only to submit the suggestion, but really to urge that the time has arrived when the President ought to redeem his word and ask for the resignation of the commission.

I have the honor to be, very respectfully,

CHARLES A. L. REED,
Chairman of the Legislative Committee of the American Medical Association.

United States Civil Service Examination.

PHYSICIAN (FEMALE)—GOVERNMENT HOSPITAL FOR THE INSANE.

THE United States Civil Service Commission announces an examination on April 26-27, 1905, at Buffalo, N. Y., to secure eligibles from which to make certification to fill a vacancy in the position of physician (female) in the Government Hospital for the Insane, Washington, D. C., at $1,500 per annum and quarters, and vacancies as they may occur in any branch of the service requiring similar qualifications. Only unmarried women will be admitted to this examination.

Applications will be received from graduates of recognised medical schools. Credit will be given for experience obtained in a professional capacity in institutions for the care of mental diseases, in general hospitals, and in the actual performance of surgical operations and the care of operative cases. Two days will be required for this examination. Age limit, 25 to 40 years on the date of the examination. This examination is open to all citizens of the United States who comply with the requirements.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at Buffalo, for application form 1312. No application will be accepted unless properly executed and filed with the commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

As examination papers are shipped direct from the commission to the places of examination, it is necessary that applications be received in ample time to arrange for the examination desired at the place indicated by the applicant. The commission will, therefore, arrange to examine any applicant whose application is received in time to permit the shipment of the necessary papers.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 284 Franklin St., Buffalo, N. Y.

Vol. Xliv.—Lx. APRIL, 1905. No. 9

The Isthmian Canal Problem.

EVERYONE at all familiar with the course of tropical diseases, especially as related to previous work upon the Isthmian Canal, knows that the underlying problem of its successful completion is the adequate sanitation of what is known as the canal zone, including also the cities of Panama and Colon.

Fully appreciating this fact the administration at Washington practically directed the canal commission to place at the head of the sanitary corps Colonel William C. Gorgas, assistant surgeon-general, United States army, who had previously dealt with the yellow fever problem at Havana, in a manner which entirely wiped out a pestilence that had propagated itself for over three hundred years. In spite of the fact, however, that Colonel Gorgas and his efficient staff, consisting of Major La Garde, Lieutenant Lyster, Dr. Carter and others,—subordinates of the highest type of efficiency, trusted lieutenants whose usefulness was known and appreciated,—were believed to be on duty in the field of canal operations, yellow fever appeared and began its deadly work.

It is hardly necessary to say that this circumstance surprised the people, especially those familiar with the work of Colonel Gorgas and his sanitary experts in the republic of Cuba. The mystery, however, appears to be solved by the report of Dr. Charles A. L. Reed, of Cincinnati, the more important parts of which are published elsewhere in this issue. In this document it is shown that Colonel Gorgas took timely action with reference to the prevention of both yellow fever and malarial disease, but it appears, also, that his efforts were thwarted by conditions over which he had no control and for which he was not responsible.

Dr. Reed's report was published in full in the *Journal of the American Medical Association* of date March 11, 1905, from which we make extensive excerpts, printed elsewhere under the head of Topics of Public Interest, leaving out only a few comparatively unimportant matters of detail. It will afford interesting reading for physicians who wish to keep pace with sanitary conditions relating to the construction of the canal.

It is true the Isthmian canal commission has made answer to this paper in a communication addressed to the Secretary of War, but in the published excerpts that we have seen adequate answer to Dr. Reed's criticisms does not appear. The President and the Secretary of War, under letters dated March 17 and 20, respectively, censure Dr. Reed for the premature publication of his report in a medical journal,—that is to say, because it was so published without the permission of the Secretary of War and before the commission, itself, had an opportunity to reply. However this may be, and we have no disposition to enter into a discussion of the official proprieties governing such questions, it still remains that, up to the present writing, the public has not been told why yellow fever and malarial disease were permitted to gain a footing in that part of the Isthmus over which the government exercises sanitary control.

The Japanese have taught the world a valuable lesson in military sanitation and hygiene. Medical officers precede the troops on the march, inspecting water and food supplies, habitations and all sources of possible infection, posting notices and guards to warn the approaching columns of every probable danger; and in camps or cantonments the greatest sanitary circumspection is exercised. Their small sick list and low death rate testify to the skilfulness and perfection of their sanitary administration.

The Isthmus of Panama presents problems similiar to those involved in a military campaign, the only difference being in the permanency of occupation; for, whereas, in war the armies frequently change position, the canal population on the contrary will remain in the allotted zone for an indefinite term of years. This increases the responsibility, makes it more weighty, and demands the exercise of all the skill and executive capacity belonging to the most superior and advanced sanitary science. Without a clean bill of health, so far as preventable diseases are concerned, the canal can never be constructed; and this is what makes the responsibility of our government one of awful proportions. We have all confidence that it will rise to the highest plane of exalted duty. We could wish that Leonard Wood, William C. Gorgas, and John Findley Wallace might be commissioned to finish the canal.

The Portland Meeting.

THE fifty-sixth annual meeting of the American Medical Association will be held at Portland, Oregon, July 11-14, 1905, under the presidency of Dr. Lewis S. McMurtry, of Louisville. On two occasions previously the association has met on the Pacific coast, both times at San Francisco. Other places of importance have grown up since then and it seems appropriate, if it be conceded again time to go beyond the Rocky Mountains, that Portland should be the place of meeting.

There are many ways or routes of travel that may be chosen from Buffalo to Portland. The Union Pacific from the Missouri river is always a favorite route, and in case one goes to San Francisco before the meeting it will be the natural line of travel. The American Surgical Association will hold its annual meeting in the city of the Golden Gate during the week anterior to the Portland gathering, and for those who attend this meeting the Union Pacific will afford the best means of travel outward bound. We understand the president, Dr. George Ben Johnston, of Richmond, will travel by the Northwestern and Union Pacific lines, returning by the Northern Pacific from Portland, visiting the Yellowstone park on the homeward trip.

It must not be forgotten, however, that there are other excellent lines. The Wisconsin Central railway speaks in our advertising columns in a businesslike fashion and offers an attractive way to reach the Northern Pacific. We understand that a special train is in contemplation for the New England contingent and other eastern travelers, including those from Buffalo who desire to avail themselves of this privilege.

Several other meetings will be held at Portland in conjunction with that of the American Medical Association; hence, everything considered, it is more than likely that the passenger traffic will be unusually large for a week or two before the official date given out. It is desirable, therefore, that those contemplating the trip should make early application to the railway offices.

It is of importance also that those expecting to visit Portland should make early reservation of rooms. Dr. Kenneth A. J. Mackenzie, chairman of the committee of arrangements, or Mr. H. C. Bowers, chairman of the hotel committee, at Portland, may be addressed on this subject.

THE hygiene of the mouth including the care of the teeth is of so much importance as a factor in preserving health, that physicians should ever and always exercise the greatest vigilance over

their families in this respect. Besides, to keep the mouth clean and the teeth free of decay is one of the surest ways to prevent disease.

Not until recently has a proper dentifrice been manufactured that will serve all the purposes of mouth hygiene. Calox, a calcium dioxide, which gives up oxygen in the nascent state when brought into contact with the fluids of the mouth, is not only a germicide of absolute quality but also a powerful oxidising agent and antacid. In other words, it will *keep the mouth clean if* appropriately used,—a property which no other dentifrice that we have seen possesses,—chemically and hygienically clean we mean. Every physician should make himself familiar with calox. It is not promoted by an association of dentists interested in its sale, but is as legitimate a product of the chemical laboratory as any drug of the pharmacopeia.

Milo F. Jardin, of 104 Maple street, Buffalo, was arrested March 24, 1905, by detective sergeants Stoner and Holmes on a warrant charging him with violating section No. 153 of the health laws. The complainant is Dr. Henry R. Hopkins, chairman of the board of censors of the Medical Society of the County of Erie.

Jardin, it is alleged in the complaint, has been giving treatments for rheumatism and other ailments and also selling medicines.

Isaac A. Finch, of Buffalo, was convicted in the Erie County Court, in the latter days of February, of practising medicine without a license and was sentenced by Judge Emery, March 6, to serve three months in the penitentiary. Finch styled himself "doctor" and prescribed for patients, according to the complaint.

The Medical Society of the County of Erie, through its board of censors instituted the prosecution, it being learned Finch had put in a claim of about $100 against the estate of Mrs. Otilia Hoffman, who had died of cancer after being treated by Finch. The surrogate refused to allow the claim. Previously Mrs. Hoffman had paid $110 for treatment.

Subsequently Finch made application for a certificate of reasonable doubt, which was denied by Justice Lambert. Finch is now serving out his sentence.

Louisa Busch, of No. 277 Mills street, Buffalo, was arrested March 20, 1905, by detective sergeant Stoner, on a charge of practising medicine without a proper license. The complainant

is Mrs. Mary Weil, of No. 428 Broadway. The accused was convicted before Judge Murphy, March 21, but sentence was suspended.

Dr. W. A. Bush, an osteopath of La Grange, Ind., was fined $25 for practising medicine without a license.—*Jour. Amer. Med. Assn.*, March 11, 1905.

PERSONAL.

Dr. G. E. Beebe, late of the staff of the New York Manhattan Eye and Ear Hospital, has returned to Buffalo, and is located at No. 120 North Pearl street, above Allen. Her practice is limited to diseases of the eye and refraction. Hours: 9 a. m. to 1 p. m., and by appointment. Frontier telephone, 3145.

Dr. Albert Vander Veer, of Albany, has been appointed by Governor Higgins a delegate to represent the state of New York, at a meeting of the American Medical Association council on medical education to be held at Chicago, April 20, 1905. Dr. Vander Veer has been a leader in medical education affairs for more than twenty-five years, during which time he has been a champion of everything relating to improvement and progress in this important question.

Dr. Julius Ullman, of Buffalo, has been appointed a special examiner of applicants for admission to the state hospital for consumptives at Raybrook. Dr. John H. Pryor, formerly of Buffalo, is the superintendent of the state hospital. Dr. Ullman's appointment was made by the faculty of the University of Buffalo.

Dr. A. R. Cushny, of the University of Michigan, Ann Arbor, has been appointed professor of pharmacology and materia medica in University College, London.

Dr. H. C. Buswell, of Buffalo, who has been traveling in Europe for a year, has returned to his home and resumed his medical practice.

Dr. Charles W. Banta, who went to Europe with Dr. Buswell, has remained at Berne to pursue the further study of surgery under the tutelage of Professor Theodor Kocher.

Dr. Magnus A. Tate, of Cincinnati, was elected president of the Cincinnati Academy of Medicine at its recent annual meeting. Dr. Tate was installed into office March 13, 1905. At this meeting the vote of the academy was taken as to whether in the future the Ohio State Society, of which the academy is a part, should publish its transactions in book form, as heretofore, or start an official journal. By an overwhelming majority the academy voted in favor of publishing the transactions in annual book form, thus continuing the present method.

Dr. Joseph D. Bryant, of New York, president of the State Medical Society, has gone to Florida in company with former President Grover Cleveland on a three weeks' hunting and fishing tour, on which they started March 20, 1905.

Dr. Jacob Miller, of Buffalo, was appointed by the Fire Commissioners temporary surgeon to the department to fill the vacancy created by the death of Dr. E. C. W. O'Brien. The permanent appointment will be made from the eligible civil service list when certified.

OBITUARY.

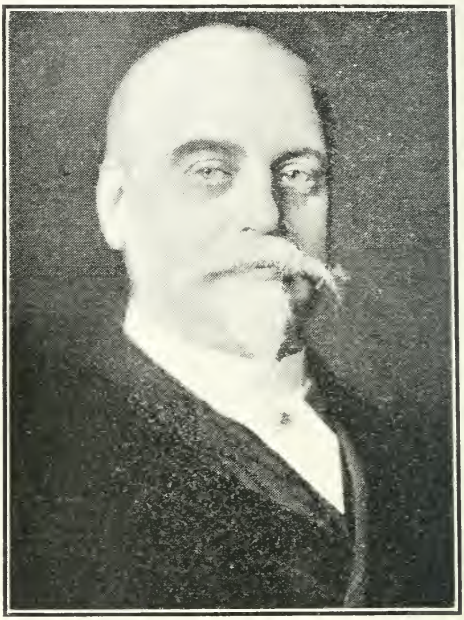
Dr. Rachael Brooks Gleason, formerly of Elmira, died in Buffalo, at the residence of her daughter, Dr. Adele A. Gleason, March 13, 1905, aged 84 years. Dr. Gleason had been engaged in medicine since 1851, and with her husband, Dr. Silas O. Gleason, spent the greater part of her active life in sanitarium work, having together established the Elmira Water Cure, now known as the Gleason Health Resort. This institution is now conducted by her son, Mr. Edward B. Gleason, with Dr. John C. Fisher as medical director.

Dr. Mortimer S. Coon, of Medina a graduate of the University of Buffalo, 1892, died at his home March 5, 1905, aged 37 years. His death followed an operation for appendicitis. He was a prominent citizen of Orleans county and took an active part in public affairs. He is survived by a wife and one daughter.

Mr. William J. Dornan, of Philadelphia, a medical publisher of distinction, died at his home February 18, 1905, aged 75 years.

Mr. Dornan numbered many friends in the medical profession with whom he came in contact as a printer of medical works and medical society transactions.

Dr. Edward Charles White O'Brien died at his residence in Buffalo, February 26, 1905, aged 62 years. A memorial, giving



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EDWARD CHARLES WHITE O'BRIEN—1843-1905.

a sketch of his life, appears elsewhere in this issue under proceedings of the Medical Society of the County of Erie. His funeral was held at Bishop Colton's chapel, Delaware avenue, Wednesday, March 1, 1905, the interment being at Forest Lawn. The active bearers were: Drs. John Parmenter, Marshall Clinton, Edward M. Dooley, Arthur W. Hurd, John B. Coakley, James W. Putnam, Frank W. McGuire, and Alvin A. Hubbell.

The fire commissioners, the chief and assistant chief of the fire department, together with a detail of fifty uniformed firemen, attended the funeral. The flags on all the fire houses remained at half mast until after the funeral. Dr. O'Brien having been for many years surgeon of the fire department.

SOCIETY MEETINGS.

The Esculapian Club held its regular monthly meeting at the Hotel Touraine, Thursday evening, March 16, 1905, at 8.30. The host was Dr. George B. Stocker, and the subject of the paper was Cerebral abscess, presented by Dr. J. G. Ernest.

The Buffalo Academy of Medicine held meetings during the months of February and March, 1905, as follows:

Section on Obstetrics and Gynecology.—Tuesday evening, February 28. Program: (*a*) Gonorrhea and the woman, S. Y. Howell; (*b*) The need of a medical library in Buffalo, W. C. Krauss.

Section on Surgery.—Tuesday evening, March 7. Program: (*a*) Treatment of hallux valgus, Vertner Kenerson; (*b*) Movable kidney, A. L. Benedict.

Section on Medicine.—Tuesday evening, March 14. Program: (*a*) Some of the newer problems in diabetes mellitus, Elliott T. Joslin, Boston; (*b*) The care of premature infants, Dewitt H. Sherman.

Section on Pathology.—Tuesday evening, March 21. Program: (1) A discussion of humidity in artificial heating and its relation to disease, B. F. Herr, Millersville, Pa.; (2) Anatomy in its relation to the explanation of certain pains, J. A. Gibson; (3) Case of spleno-myelogenic leukemia, with patient, Norman L. Burnham; (4) Specimen of ectopic gestation, Thomas H. McKee; (5) Model of the male perineum, David E. Wheeler; (6) Model of the larynx, Herman K. De Groat.

Section on Obstetrics and Gynecology.—Tuesday evening, March 28. Nominations of officers for the ensuing year were made at this meeting. Program: (*a*) Cesarean section, Charles E. Congdon; (*b*) Report of a case of Cesarean section, Grosvenor R. Trowbridge.

The Erie County Medical Association held its annual meeting at the University Club, Monday evening, March 13, 1905. Program: (1) Presentation of cases and specimens; (2) Experimental work to devise an operation which would simplify the treatment of advanced cases of lateral curvature of the spine, Prescott LeBreton; (3) Treatment of acute otitis media, W. Scott Renner; (4) The busy practitioner from a business point of view, Albert J. Colton.

The Physicians' Club of Buffalo held its regular monthly meeting Friday evening, March 3, 1905, at the residence of Dr. J. J. Finerty, the members and invited guests numbering about sixty. Dr. William C. Callahan read a paper entitled, Pneumoconiosis, which was discussed by D. J. Constantine, C. E. Congdon, William G. Ring, Thomas B. Carpenter, J. Henry Dowd, S. Y. Howell and others. The election of officers for the ensuing year resulted as follows: president, James S. Porter; vice-president, D. J. Constantine; secretary-treasurer, William G. Ring.

COLLEGE AND HOSPITAL NOTES.

The University of Buffalo will hold its fifty-ninth annual commencement at the Teck Theater, Thursday, May 4, 1905, at 11 o'clock a. m. The address to the graduates will be delivered by the Reverend Richard Earle Locke, of Buffalo, and other ceremonies will be observed after the usual form.

The Alumni Association of the Medical Department will observe its anniversary May 3 and 4. Wednesday, May 3, will be given over to clinics, and on Thursday the usual class reunions and other ceremonies will take place. The annual banquet will be given at the Hotel Iroquois, Thursday evening, May 4. Dr. DeLancey Rochester is the president, and Dr. Albert T. Lytle is the chairman of the executive committee.

Dr. L. Duncan Bulkley, announces that at the close of his special course of lectures at the New York Skin and Cancer Hospital, 19th street and Second avenue, New York, on Wednesday, March 29, 1905, at 4.15 p. m., there will be a clinic on cancer by Dr. William Seaman Bainbridge, of the hospital staff. A number of interesting cases will be on exhibition.

BOOK REVIEWS.

TEXTBOOK OF INSANITY BASED ON CLINICAL OBSERVATIONS. For Practitioners and Students of Medicine. By Dr. R. VON KRAFFT-EBING, late Professor of Psychiatry and Nervous Diseases in the University of Vienna. Authorised Translation from the Latest German Edition by Charles Gilbert Chaddock, M.D., Professor of Diseases of the Nervous System in the Marion-Sims-Beaumont College of Medicine, Medical Department of Saint Louis University, Saint Louis. With an Introduction by Frederick Peterson, M.D., President of the New York State Commission in Lunacy. Pages xvi.-638. Royal octavo. Philadelphia: F. A. Davis Company. 1905. (Cloth, $4.00 net; half russia, $5.00 net.)

Krafft-Ebing's name has been associated with psychiatry since 1873, and in 1875 his first book on forensic psychiatry appeared. In this he taught the principle that crime was an act of will. He tried to explain inductively how the deed or criminal act was the result of a condition in the criminal which should be the task of the physician to establish. From this position, maintained for over thirty years, we find the author has not receded. In this country we are not so prone to follow the lead, that criminality is the result of disease, so much as we are the idea that it is the result of vicious training and environment.

Krafft-Ebing has for years interested himself to such a degree in his studies of "Psychopathia Sexualis" that we in this country have been too apt to associate him and his work as limited to this field. In judging of the value of this book, and of the great opportunities which the distinguished author enjoyed, and which fitted him for the preparation of his work, we must remember that he is the successor of the late Professor Meynert in the most important professorship of psychiatry in Germany.

The author first considers in his introduction the historic review of the development of psychiatry as a science, treating of psychiatry in ancient times, and in the middle ages, and finally of the rehabilitation of psychiatry at the end of the eighteenth century.

He defines mental disease from an anatomic standpoint, as a diffuse disease of the cerebral cortex, consisting of changes which may vary from mere alterations of cortical nutrition to gross changes of structure, especially inflammatory and degenerative in character. He lays down the dictum that a diffuse disease of the cerebral cortex must necessarily induce one of consciousness and the psychic personality, hence the psychosis must not be considered simply as a disease of the brain, but also as an abnormal alteration of the personality.

His study of the causes of insanity is most elaborate, occupying as it does, over sixty pages. He divides these into predisposing causes, which may be general or individual, and accessory causes, which may be psychic or physical.

Among the individual predisposing causes it is interesting to note that he speaks of the military life. This we have had reported from the Philippines as being a cause of insanity among our soldiers in the field. On this point he says homesickness, physical exertion and brutal treatment are effective, insults that must be endured, owing to discipline. Of insanity among prisoners he makes a stronger statement than is usually made of prisoners of the United States. He says the great frequency of insanity among prisoners is a statistic fact. The causes of this lie not exclusively from the imprisonment, but essentially in the former manner of life and certain predispositions that affect criminals. In this country from such statistics as we have had access to we believe our criminals are separated from the insane before trial in a very large majority of cases, and that with us great frequency of insanity among prisoners is not a statistic fact.

He agrees with all authors that heredity is by far the most important cause of insanity. He calls attention to the important rôle of acute diseases as a cause of insanity. He says acute diseases in which a high temperature is quickly reached with a sudden critical fall, are not unimportant causes of disturbance of the mental function. In such cases elementary disturbances of the mind are common.

When insanity is due to intoxication, alcohol takes the first rank. In his statistics the number of cases of insanity due to drink varies between 1-9 and 1-3 of all admissions to asylums. Of other poisons besides alcohol, he enumerates opium, cannabis indica, and atropine. Of this last drug he quotes Kowalewsky, who affirms there was an atropine psychosis in a patient into whose eyes atropine had been dropped. In Buffalo this hallucinatory insanity after the use of a mydriatic has been observed and recorded.

He reports cases of insanity after the use of salicylic acid, iodoform, ergot, tobacco, metallic poisons, and insanity from the inhaling of poisonous gases.

His section or classification of the forms of insanity is most valuable to the student. It is abundantly illustrated with cases, eighty-one such being given in extenso, to illustrate the various forms of insanity. The descriptions are graphic and include the methods of treatment, nor is the outlook for the insane apparently any better now than it has been for years. So far as statistics in insanity are concerned, the proportion of cures is still woefully small.

It is interesting to note in view of his prolonged studies of hypnotism, that now he devotes less than one page to the treatment of insanity by hypnotic suggestion. Of this method he now says for those experienced in psychiatry, hypnotism can only be employed with doubt as to the result, but that symptomatic manifestations of abnormal instinctive impulses, especially in those that are sexual or alcoholic, or with the desire for morphine and

cocaine, are influenced by suggestive treatment. It is worthy of note that the author does not say how much they are influenced by suggestive treatment, nor does he give any statistics which will inform us of the subject.

The American psychitrists will be glad of an opportunity to have this work of Krafft-Ebing, which has for so long been the clinical textbook in the universities of Europe, and although not a modern treatise, it is, nevertheless, one of the best clinical books on insanity, and places the facts of pathological psychology more clearly than many of the modern writers. We have no hesitation, then, in recommending this excellent translation to those interested in this subject. J. W. P.

A Textbook of Histology. By Frederick R. Bailey, A.M., M.D., Adjunct Professor of Normal Histology, College of Physicians and Surgeons, New York. Octavo, 481 pages. Illustrated. New York: William Wood & Company. 1904. (Price, $3.00.)

The fascinating study of histology is delineated in this book with great clearness. The chapters on technic are the most practical we have seen. The study of the cell, that simplest form of animal life, is made so attractive that one can scarcely resist the temptation to reënter the laboratory and begin over again, under the guidance of this book. After the cell the tissues are dealt with in six chapters, including the epithelium, the connective tissues, the blood, lymphatic, muscle, and nerve tissue. Only second to the consideration of the cell is the treatment of the tissues, and to say that it is most satisfactory is only half stating the facts.

In part fourth the organs are taken up, twelve chapters being devoted to their consideration. The circulatory system comes first, in which the bloodvessel and lymphvessel systems are clearly described in structure and development. The relations of small artery and vein are made plain by a diagram that is unsurpassed in lucidity.

The lymphatic organs become the subject of the second chapter and are described in general and in particular. The third chapter considers the skeletal system, the development and structure of bone being most interesting and is, withal, beautifully illustrated. The digestive system is considered at length in the next chapter. Then follow in this order the urinary system, the reproductive system, the skin and its appendages, the nervous system, and, finally, in chapter twelve, the organs of special sense are dealt with.

We have alluded before to the quality of the illustrations and must say, again, that their perfection is one of the charms of the book, and this fact, considered in relation to its general mechanical execution,—paper, printing, and complete make-up,—contributes toward the construction of one of the most substantial of the recent additions to medical literature.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Ten volumes. Issued under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Chicago: The Year Book Publishers. 1904. (Price, $1.00; entire series, $5.50, payable in advance.) Volume VIII. Materia Medica, Therapeutics, etc. Edited by George F. Butler and Collaborators. Volume IX. Physiology, Pathology, etc. Edited by W. A. Evans and Collaborators. Volume X. Skin and Venereal Diseases; Nervous and Mental Diseases. Edited by W. L. Baum and Hugh T. Patrick.

I. The contents of volume eight deal, first, with materia medica and therapeutics, by George F. Butler and George S. Browning; second, with preventive medicine, by Henry B. Favill; third, with climatology, by Norman Bridge; fourth, with suggestive therapeutics, by Daniel R. Brower; and, fifth, forensic medicine, by Harold N. Moyer. Nearly one-half the book is taken up with the first subject, though the editor confesses to a paucity of commendable work in therapeutics, unless *x*-ray and radium fields are excepted. The literature of all the topics has been well gleaned and prepared for professional use.

II. Physiology, pathology, bacteriology, anatomy, and a dictionary of new medical terms make up the contents of volume nine. Anatomy and pathology are supplied by W. A. Evans; physiology and bacteriology, by Adolph Gehrmann; and the dictionary of new words, by William Healy. Pathology is the largest section of the volume, unless it be bacteriology. Professor Evans has noted the essential features of the year for pathology, and Professor Gehrmann those pertaining to bacteriology.

III. The tenth and concluding volume of the year books for 1904 deals with skin and venereal diseases, by W. L. Baum; and nervous and mental diseases, by Hugh T. Patrick, the latter being assisted by Charles L. Mix. Patrick has made his topics interesting by a number of good illustrations, as, indeed, has Baum.

This entire series of year books for 1904 has been of excellent quantity and quality, giving the cream of medical literature in abstract, and furnishing a summary thereof at very reasonable cost.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE OF THE UNITED STATES. For the fiscal year 1904. WALTER WYMAN, M.D., Surgeon-General. Washington: Government Printing Office.

The annual reports of Surgeon-General Wyman are always full of interest. He presides over the most important disease preventing department that exists anywhere in the world, and these reports give in detail the results obtained.

The book before us deals with the medical inspection of immigrants in an important way, showing that 840,714 were inspected during the period covered by the report. Officers of the service are stationed at all ports where aliens seek admission to make examinations on call of the immigration service. Officers also

have been sent to some foreign ports with a view to prevent prospective immigrants with prohibitive diseases from leaving for the United States. This latter plan works a great saving to the government as well as to the steamship companies and, besides, avoids the danger of importing infectious diseases to a considerable extent.

It would be well for the government to establish similar inspection at all European ports from which immigrants embark for our Atlantic ports, but as yet this has been possible only at Naples. The immigration problem presents many difficult propositions, not all of which are capable of solution off hand, but the restriction as to the importation of infectious diseases cannot be made too rigid.

The national quarantine service is of great importance and is directly related to the exclusion of epidemic disease. There are forty inspection stations, quarantine stations, at which service is rendered by the officers of this department. There are also land quarantine stations along the Mexican border. It is impossible to estimate the value of this method of excluding epidemic and infectious diseases from our domain, nor can the enormous amount of work required to carry it on efficiently be easily comprehended.

The report is full of interest as well as instruction to every person interested in preventing disease and in improving the sanitary conditions of our country.

Twenty-third Annual Report of the State Department of Health of New York. For the year ending December 31, 1902. With maps. Daniel Lewis, M.D., Commissioner. Albany: The Argus Company. Printers.

In the year 1902, according to this report, the total number of deaths from all causes was 124,160, the death rate being 17 in each thousand of population. While this rate may not appear to be a high one when compared with other geographical divisions of the Union, it is, nevertheless, larger than it should be, as explained by the commissioner in the statement that the mortality from preventable diseases was 14 per cent. of the total, which was above the average of preceding years. It is explained that the increase was due, at least in a considerable degree, to the prevalence of smallpox in many parts of the state, which disease was fatal to 442 persons during the year.

It is stated, again, that the deaths from typhoid fever were 1,318, less by 300 than the average for five years, but still too large a number from a water borne disease,—one indeed quite preventable. We regard it as among the first duties of the state to prevent the pollution of potable waters.

The laboratories of the health department are mentioned in considerable detail in the report and afford interesting topics for consideration. The cancer laboratory, located at Buffalo,

deserves special consideration. A fine building, called the Gratwick laboratory, named for its donor, has been constructed and was put in operation some years ago. Several preliminary reports relating to the progress of its work have been issued, and there is encouragement that definite results will follow at no distant day.

This report contains much information concerning the sanitary conditions of many of the towns and villages throughout the state and is accompanied by two volumes of maps.

Progressive Medicine. Volume VI., December, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 374 pages. Illustrated. Philadelphia and New York: Lea Brothers & Company. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

This number of a most valuable compend contains articles on diseases of the digestive tract and allied organs,—liver, pancreas, and peritoneum; anesthetics, fractures, dislocations, amputations, surgery of the extremities, and orthopedics; genitourinary diseases, diseases of the kidneys; and a practical referendum on therapeutics. The contributors are William T. Belfield, Joseph C. Bloodgood, John Rose Bradford, H. R. M. Landis, and J. Dutton Steele.

The book is full of practical suggestions, both medical and surgical, and is a useful reinforcement to the physician's literary armamentarium. Moreover, the price is reasonable, while the mechanical work is substantial. This volume, too, is well illustrated, a feature that adds not a little to the usefulness as well as attractiveness of this book.

A Textbook of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. With special chapters by G. E. de Schweinitz, Edward Martin, and Barton C. Hirst. Tenth edition, enlarged, thoroughly revised. Octavo, 908 pages, with 113 engravings and 4 full-page colored plates. Philadelphia and New York: Lea Brothers & Company. 1904. (Price: cloth, $4.00; leather, $5.00; half morocco, $5.50 net prices.)

Inasmuch as this book has been reviewed so many times in these columns and, moreover, as our opinion concerning its qualities has been expressed over and over again, it hardly becomes necessary to do more now than direct attention to the general fact that, in a little more than ten years, ten editions of the book have been printed; that each edition has received careful revision by the author; that every discovery of value in therapeutics, every new remedy of merit, and every useful method of treatment has been incorporated in this edition; and that illustrations

have been employed to sharpen the already incisive text whenever such necessity has appeared.

There is no work on this topic with which we are familiar, that so nearly approaches perfection or so adequately meets the requirements of the everyday doctor who must needs combat disease and do it now, as does this treatise. Hare has placed the student and practitioner in his debt beyond liquidation in the work he has done in writing this book and in revising so carefully its ten successive editions, thus keeping it in the front line of progress.

A Manual of Personal Hygiene. By American Authors. Edited by Walter L. Pyle, A.M., M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Second edition, revised and enlarged. Duodecimo, 441 pages. Illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. (Bound in silk, $1.50 net.)

When the first edition of this book was put forth it attracted the attention of many persons interested in personal hygiene other than physicians. It is gratifying that a second edition is demanded so soon, for it indicates a growing interest in a subject that is near the hearthstone of every household, one that invades every family circle, one that relates to the good health and happiness of every individual. It is an encyclopedic work, eight contributors besides the editor being concerned in its authorship. Charles G. Stockton, of Buffalo, who presents the hygiene of the digestive apparatus, sets the pace in the first section of the book, while the others make a gallant struggle for second place.

The additions in this issue include an illustrated system of home gymnastics, a chapter on domestic hygiene, and an appendix containing instruction in the simpler methods of hydrotherapy, thermotherapy, and mechanotherapy, together with a section on first aid in surgical accidents and emergencies.

Every teacher of the young should be familiar with the contents of this book which, for the most part, is free from technicalities, and is adapted to the schoolroom as well as domestic circle. If there is a physician inconversant with its teachings, he should make all haste to get the book and read it with care.

Appendicitis and Other Diseases about the Appendix. By Bayard Holmes, B.S., M.D., Professor of Surgery in the University of Illinois, Chicago. Three hundred and fifty pages. New York: D. Appleton & Company. 1904.

The discussion in regard to appendicitis is still going on and is likely to do so for some time to come. So many patients requiring surgical treatment are neglected, that it becomes the province of every surgeon to contribute what he may toward correcting this evil. Each monograph by an experienced man contributes

to this end. The one before us cannot fail to aid in making a solution of many of the difficulties presented by appendicitis.

Holmes in his preface very appropriately says: "The practising physician is apt to be hopeful in his prognosis, no matter how grave the symptoms may be, or however inexplicable the symptom complex may appear."

In a group of adages at the close of the volume he also says: "The indications for treatment of appendicitis are simple. The appendix should be removed and the removal should be done at once."

It would be well for general practising physicians to obtain this monograph and study it carefully as it contains many maxims it would be well for them to heed.

Besides appendicitis, a number of other subjects are considered, such as peritonitis, intussusception, perforating typhoid ulcer and carcinoma of the intestinal tract. Appendicitis, however, is the principal topic and takes up more than four-fifths of the book. The volume contains a number of excellent illustrations some of which are in color. It were well if it were bound in cloth as frail paper is so destructive as to render the book almost useless after a little time.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume IV. Fourteenth series. 1905. Philadelphia: J. B. Lippincott Company. (Cloth, $2.00.)

The contents of this volume embrace contributions on treatment, four articles; on medicine, six articles; on surgery, seven articles; on gynecology, one article; on neurology, one article; and on pathology, two articles. The illustrations are numerous and instructive. This is true in a special sense of Dr. E. H. Bradford's article on lateral curvature of the spine, which is illuminated with forty half-tone engravings that serve to stamp it with great importance; indeed, it may be said to be the most instructive contribution lately made to the subject.

The entire volume bears the impress of careful preparation and is a fit companion to its predecessors.

A Laboratory Manual of Human Anatomy. By Lewellys F. Barker, M.B., Professor of Anatomy in the University of Chicago and Rush Medical College. Octavo, pp. 583. Illustrated. Philadelphia and London: J. B. Lippincott Company. 1904. (Price, $5.00.)

It is difficult to understand why this book should not be found in the hands of every student and teacher of anatomy. It contributes to the more systematic study and to the more perfect

instruction, in a topic that must be mastered by every novitiate in medicine; mastered, too, at the very threshold of his collegiate career.

This manual,—and it does not assume to be anything more,—employs the nomenclature formulated by the German society of anatomists, hence is quite abreast of that adopted by the best English as well as American laboratory teachers. Old terms, however, which differ from the new, have been added in parenthesis, to prevent embarrassment on the part of those who are only familiar with the older textbooks and atlases.

It contains nearly 300 illustrations that depict in drawings and plates the more important structures of the human body. The most approved sources, including Spalteholz and Toldt, have been drawn upon with a liberal hand. Barker has rendered valuable service to the present tutors and pupils of anatomy that will reflect to his credit in all future time.

The American Yearbook of Medicine and Surgery for 1905. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and textbooks of the leading American and foreign authors and investigators. Under the editorial charge of George M. Gould, A.M., M.D. In two volumes. Volume I, general medicine; volume II, general surgery. Two octavos of about 700 pages each, fully illustrated. Philadelphia and London: W. B. Saunders & Company. 1905. (Per volume: cloth, $3.00 net; half morocco, $3.75 net.)

The American yearbook has become so well established and thoroughly known to physicians, that the mere announcement of its issue from the press is sufficient to create an exhaustive demand for it. The present edition is constructed on the same lines that have characterised the issues of previous years. It is in two volumes, one being devoted to the consideration of general medicine, and the other embraces the field of general surgery.

In these two books is to be found everything of importance that has appeared in the literature of medicine and surgery during the year which it spans; moreover, it is so arranged as to be easily consulted. It is a valuable digest of the progress made for a year, with which through its aid a busy physician may keep step.

Blakiston's Quiz Compends. A Compend of Medical Latin. By W. T. Saint Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky. Duodecimo, 131 pages. Second edition, revised. Philadelphia: P. Blakiston's Son & Company. 1904. (Price, $1.00.)

It is important for every medical student to possess a knowledge of Latin; especially should he become familiar with medical Latin. In case he is not a classical scholar this compend will prove useful to him. By studying it carefully under a competent

tutor it will serve him all through life, and render subsequent reading of medical books and journals much easier. Moreover, it is an excellent reference book for the student of medical literature to possess; it will enable him to refresh his memory upon forgotten points of doubtful word construction. A compend of this kind is capable of doing much good and its publication should be encouraged.

Transactions of the American Otological Society. Thirty-seventh Annual Meeting held at Atlantic City, N. J., July 11 and 12, 1904. F. L. Jack, M.D., Secretary. Published by the Society.

Several subjects of great interest were discussed at the meeting, the proceedings of which are reported in this volume. Otitis media came in for its full share of mention and elaboration, while osteomyelitis of the temporal bone was presented in two papers,—one by Charles W. Richardson, and one by Edward Bradford Dench.

The details of two important cases of chronic otitis media are given by Wendell C. Philips, in which the radical operation was made. In one the patient had tubercular hip joint disease and inherited syphilis; tubercular meningitis followed the operation, and finally death ensued. In the other, the operation was immediately followed by leptomeningitis and death. An interesting discussion was held on Dr. Philips's paper in which all the leading members participated.

The volume, full of instructive material, marks the progress of otological science and will be read by every otologist with attentive interest.

BOOKS RECEIVED.

The Vermiform Appendix and its Diseases. By Howard A. Kelly, A.M., M.D., Professor of Gynecology in the Johns Hopkins University, Baltimore. And E. Hurdon, M.D., Assistant in Gynecology in the Johns Hopkins University. Royal octavo, pp. xx.-887. Illustrated with 399 original illustrations, some in colors, and 3 lithographic plates. Philadelphia and London: W. B. Saunders & Company. 1905. (Price: cloth, $10.00 net; sheep or half morocco, $11.00 net.)

Gynecology. Medical and Surgical Outlines for Students and Practitioners. By Henry J. Garrigues, A.M., M.D., Gynecologist to Saint Mark's Hospital, New York. Octavo, pp xxIII.-461. With 343 illustrations. Philadelphia and London: J. B. Lippincott Company. 1905. (Price, $3.00.)

The Ophthalmic Year-Book. A Digest of the Literature of Ophthalmology for the year 1903, by Edward Jackson, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Octavo, pp. 260. With 45 illustrations. Denver: The Herrick Book and Stationery Company. 1904.

Eighteenth Annual Report of the State Board of Health of the State of New Hampshire, for the two years ending November 1, 1904. Irving A. Watson, M.D., Secretary. Concord: Rumford Printing Company.

Transactions of the American Dermatological Association. Twenty-eighth annual meeting held at Niagara Falls, N. Y., June 2 and 3, 1904. Charles J. White, M.D., Secretary. New York: The Grafton Press.

The Urine and Feces. A Practical Manual on the Urine and Feces in Diagnosis. By Otto Hensel, Ph.G., M.D., Bacteriologist to the German Hospital, New York, and Richard Weil, A.M., M.D., Pathologist to the German Hospital, New York, in collaboration with Smith Ely Jelliffe, M.D., Ph.D., Instructor in Pharmacology and Therapeutics, Columbia University, New York. Octavo, 334 pages, illustrated with 116 engravings and 10 colored plates. New York and Philadelphia: Lea Brothers & Company. 1905. (Cloth, $2.75 net.)

Saunders's Question Compends. Essentials of the Practice of Medicine. Prepared especially for students of medicine. By William R. Williams, M.D., formerly Instructor in Medicine and Lecturer in Hygiene, Cornell University; Tutor in Therapeutics, Columbia University (College of Physicians and Surgeons), New York. Duodecimo of 461 pages. Philadelphia and London: W. B. Saunders & Company. 1905. (Double number. Cloth, $1.75 net.)

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Series 1905. Volume I. General Medicine. Edited by Frank Billings and J. H. Salisbury. Volume I. General Surgery. Edited by John B. Murphy. Chicago: The Year Book Publishers. (Price, $1.00 and $1.50; entire series, $5.50, payable in advance.)

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on Diseases of Women and their Treatment by Electricity. By G. Betton Massey, M.D., Attending Surgeon to the American Oncologic Hospital, Philadelphia. Fourth edition, revised and greatly enlarged. Illustrated with 12 original full-page chromo-lithographic plates; 12 full-page half-tone plates of photographs taken from nature, and 157 half-tone and photo-engravings in the text. Pages xvi.-468. Royal octavo. Philadelphia: F. A. Davis Company. 1905. (Cloth, beveled edges, $4.00 net.)

Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M.D., A Manual of Medical Diagnosis. By Austin W. Hollis, M.D., Attending Physician to Saint Luke's Hospital, New York. Duodecimo, 319 pages, with 13 illustrations. New York: Lea Brothers & Company. 1905. (Cloth, $1.00 net.)

Progressive Medicine, Volume I., March, 1905. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 298 pages, 10 engravings and a full-page plate. Philadelphia and New York: Lea Brothers & Company. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

The International Medical Annual. A Yearbook of Treatment and Practitioner's Index. Thirty-five contributors, American and Foreign. Twenty-third year. Octavo, pp. 675. New York: E. B. Treat & Company. 1905. (Price, $3.00.)

A Textbook of the Practice of Medicine. For Students and Practitioners. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Author of A Textbook of Practical Therapeutics; A Textbook of Practical Diagnosis, etc. In one very handsome octavo volume of 1120 pages, with 129 engravings and 10 full-page plates in colors and monochrome. Philadelphia and New York: Lea Brothers & Company. 1905. (Cloth, $5.00 net; leather, $6.00 net; half morocco, $6.50 net.)

LITERARY NOTES.

The *American Journal of Surgery and Gynecology*, formerly published at Saint Louis, has been sold to Dr. J. Macdonald, Jr., well known to the medical world as a successful journalist, who will publish it in New York under the name of the *American Journal of Surgery*. It will be edited by Dr. Walter M. Brickner, and the publication office is located at 92 William street.

J. B. Lippincott Company, Philadelphia, announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett of the third German edition of the Principles of clinical pathology, by Dr. Ludolf Krehl, with an introduction by Dr. William Osler, of John Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the interim copyright act.

ITEMS.

The New York Pharmacal Association, Yonkers, has issued recently a panel chart in colors, to illustrate Hæckel's theory of evolution. It will be found of especial value to the student, by means of which he will be enabled to fix in his mind the epochs of the several geological eras, the flora and fanna belonging to each, and the descent of man through each by an ingenious ancestral tree. The chart will be sent to any physician who may not have received it, if a request be made to the New York Pharmacal Association.

The Denver Chemical Company, New York, proprietors of antiphlogistine, has published an artistic booklet dealing with substitutions and the substitutor in an original fashion. The cover page bears a life-like portrait of the original substitutor, clothed in his official robes. Anyone who may not have seen it should apply to the publishers for a copy.

Battle & Company, Saint Louis, have sent out the fifth of their series of twelve illustrations of intestinal parasites. The entire group will be sent free to physicians on application to the publisher.

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ORIGINAL COMMUNICATIONS.

Traumatic Tetanus.[1]

BY CHARLES BENTZ, M. D., Buffalo, N. Y.,
Lecturer in Bacteriology, University of Buffalo.

TETANUS was recognised and described before the Christian era. In 1884, Nicolaier discovered the bacillus tetani. In 1889, Kitasato obtained it in pure culture. It is now recognised as the cause of tetanus. It is a common saphrophytic organism found in garden earth, street sweepings, putrefying organic material and in the intestinal discharge of herbivorous animals. According to Woodhead, certain savage tribes of Africa and the East Indies use soil that is capable of producing tetanus for an arrow poison.

Tetanus may be defined as "an infectious disease caused by a specific organism, which is localised at the point of inoculation. It is characterised by painful spasmodic contraction of the muscles, referable to the nervous system and with the absence of obvious tissue changes." It is the result of a specific wound infection. All mammalia, including man, are susceptible. The human species is especially so.

MORPHOLOGY OF THE TETANUS BACILLUS.—In its vegetative form it is a slim, straight bacillus, with rounded ends, which may form threads. It is slightly motile. In the spore-bearing form, the spores are located at one end which is swollen, giving the bacillus the characteristic drumstick or pin shape. The spores are very resistant. It is stated that they are killed by moist heat at 100° C. in 5 minutes; by bichloride of mercury 1-1000, in 3 hours; by 5 per cent. carbolic acid in 15 hours. The tetanus bacillus stains readily with solutions of the ordinary anilin dyes, also by Gram's method. It is a strict anäerobe. It may be cultivated

1. Paper read at the January meeting of the Roswell Park Medical Club.

at the room temperature, but better in the incubator. It grows upon ordinary culture media, preferably those containing dextrose, and gives off a characteristic odor. Upon gelatin a colony presents characteristic radiating filaments and looks like a thistle.

Mixed infections are favorable to the development of tetanus. Other organisms require oxygen for their growth; hence, by using up the oxygen renders conditions suitable for the development of this germ. The organisms multiply locally at the seat of inoculation and never enter the blood or deeper tissues. The disease is always contracted through wounds which may be of a trifling character. Clinically, persons having the disease suffer from spasms which start from the point of inoculation and finally become general. The period of incubation varies from one day to several weeks. The shorter this period of incubation in the human subject, the more serious is the disease.

Tetanus belongs to that class of diseases which exhibits the element of poisoning by bacterial products in an extremely marked manner. The symptoms are produced by the poison elaborated, which is probably small in amount, but extremely powerful and rapidly produced. Kitasato found that excision and cauterisation of the point of inoculation in mice failed to save the animal unless practised within an hour after inoculation.

It has been estimated that 1-280 of a grain of pure tetanus toxin would be the fatal dose for a man weighing 155 pounds. This poison has a specific affinity for the ganglion cells of the anterior horns of the spinal cord.

Meyer and Ransom explain the delayed effect of the poison thus: the toxin does not reach the spinal cord through the blood-stream, but travels up the axis-cylinders of the motor cells, from their terminations. The myelin sheath acts as an impervious membrane, and the toxin enters at the end of the neuron, where it is not provided with the sheath. Sensory nerves do not transport toxin. Part of the toxin enters the nerves in the region of the wound, the rest is carried by the blood and lymph to be later taken up by the motor nerves in other parts of the body. Experimentally, if tetanus toxin is injected into the spinal canal, the symptoms appear at once. The toxin produces degenerative changes of the Nissel granules and protoplasm of the motor cells.

Case I.—J. S., male; age, 38; previous history, good. In June, 1902, sustained a compound comminuted fracture of the right leg. A considerable quantity of dirt was found in the wounds. The patient was advised to have his leg amputated. Operation was declined. Microscopic examination was made of the pus from the wounds. A few short bacilli and cocci were

found. About the eleventh day after the injury the patient complained of severe headache and stiffness in the muscle of mastication. Another examination of the pus from the wounds was made, a few drumstick bacilli and many cocci were found. Tetanus antitoxin was injected in 20 c.c. amount in the groin every two hours. The other symptoms developed rapidly, trismus became pronounced. The physiognomy of the patient was distinctive. It was immobile, features were fixed, the forehead wrinkled and the corners of the mouth retracted producing the sardonic grin. There was an increased flow of saliva, which escaped from the corners of the mouth. Next there was rigidity of the muscles of the body and then the spine was bowed anteriorly (opisthotonos). The position of the body was constantly rigid. Convulsive seizures of variable duration occurred, causing patient to groan frightfully. The skin was covered with profuse perspiration. The intellect remained clear until death, which occurred two days after the appearance of the first symptoms. Autopsy was not permitted.

Case II.—P. M., male; age, 12. In October, 1903, sustained a crushing injury of the right foot necessitating amputation of four toes. Street dirt was ground into the wound. About eleven days after injury the patient complained of stiffness of the muscles of mastication. A microscopic examination of pus from the wound was made, a few pin shaped bacilli and cocci were found. The patient suddenly died in convulsions. From these findings and the few symptoms present tetanus was suspected.

Autopsy was permitted. The findings were as follows: body was that of a middle aged man, not remarkable in external appearance, except that rigor mortis was marked and there were bandages on the right foot and around the neck, the latter bloody. On removing the bandage from the foot, the first four toes were found amputated at various joints, covered with dressing, the stump of the second toe black, and some purulent discharge present. Smears and cultures were made from the discharge from the toes and the deeper parts of the wounds. On removing the bandage from the neck a sinus was found on the right side, evidently of long standing, a little below the mastoid process. Cultures and smears were made from this sinus.

The brain and upper part of the spinal cord were removed and examined in all parts, but presented no remarkable features. There were no changes in the cranium. There was a roughening of the upper bones of the spine, of an extent which was impossible to determine. It was most marked in the odontoid process of the axis. There was softening and loosening of the ligaments in the vicinity of the atlas and axis. The odontoid process projected abnormally behind and must have compressed the medulla. This was decided to have been the immediate cause of death. A probe inserted into the sinus in the neck went in the direction of the diseased area, about four inches. The sinus evidently led

to this point. Cultures and smears were made from the region. Examination of the internal organs were negative, except an area of tuberculosis of the apex of the right lung.

Subsequent study of the smears and cultures was made. Those from the sinus in the neck and from the diseased vertebræ showed ordinary pus cocci. The process was, however, probably tuberculous in the beginning and was very likely connected with the tuberculous area in the lung. The smears made from the foot showed numerous pus cocci, and bacilli having the characteristic form of tetanus bacilli, with a few bacilli of other forms. Subsequent study of the suspicious organisms in culture showed that they presented the characteristics of tetanus bacilli. Among other points their spores still grew well after being at a temperature of 80° c. for 45 minutes. Minute portions of the cultures killed each of three guinea pigs in about 48 hours, producing muscular spasms. The bacilli grew in the absence of oxygen.

It is my opinion that the man suffered from tetanus; that he had a weakening of the ligaments about the upper part of the spine and the lower part of the skull owing to previous tuberculous disease, and that tetanic convulsions led to a partial dislocation of the axis; the odontoid process compressed the medulla and produced death, probably very quickly.

Case III.—Name, F. D.; year, October 31, 1904. Diagnosis, traumatic tetanus. Nature of injury, stepped on rusty nail which penetrated the foot between fourth and fifth metatarsal bones. Period of incubation, 6 days. Method of administration of antitoxin, subcutaneous and into nerve trunk of affected side. Amount, 100 c.c. Other treatment, bromides, chloral, morphine, and chloroform. Result, death.

Case IV.—Name, L. B.; year, August 17, 1904. Diagnosis, traumatic tetanus. Nature of injury, compound fracture of left wrist. Period of incubation, 6 days. Method of administration of antitoxin, subcutaneous. Amount, 200 c.c. Result, death.

Case V.—Name, A. L.; year, July 21, 1904. Diagnosis, traumatic tetanus. Nature of injury, stepped on rusty nail, which penetrated the foot between second and third metatarsal bones. Period of incubation, 5 days. Method of administration of antitoxin, subcutaneous. Amount, 200 c.c. Other treatment, bromides, chloral, morphine, chloroform. Result, death.

Case VI.—Name, E. S.; year, 1904. Diagnosis, traumatic tetanus. Nature of injury, laceration of foot. Period of incubation, 12 days. Method of administration of antitoxin, subcutaneous. Amount, 330 c.c. Result, death.

The fatality of traumatic tetanus quoted in textbooks gives 70 to 80 per cent. of deaths. About 10 to 15 per cent. recover without the use of the antitoxin. The disease is more prevalent in the hot climates than in the temperate. Wells has found that the curve of deaths takes its upward start in May, reaching its maximum in July, and thence declines towards October. This is accounted for by Fourth of July accidents.

Richter in a collection of 717 cases of tetanus caused by various injuries of war surgery, records 631 deaths or a mortality of 88 per cent., with 40 recoveries, equaling 12 per cent.; of these 40, 13 were of milder variety. Behring gives for tetanus a mortality of 80-90 per cent. The records of the Bürger Hospital at Cologne give for tetanus a mortality of 62.5 per cent. Garrigues gives for 57 cases of puerperal tetanus a mortality of 84-92 per cent. Gowers gives for traumatic tetanus a mortality of 90 per cent. Dean gives for all cases in various London hospitals for a period of 16 years a mortality of 80 per cent.

In 1894 a special committee, appointed by the *British Medical Journal*, came to the conclusion that acute tetanus is incurable and that, although anodynes and hypnotics sometimes afford alleviation, there is known no remedy for it. They also found that, between 1875 and 1892, there occurred in England and Wales, 2,969 deaths from traumatic tetanus and between 1881-1892, 568 deaths from so-called idiopathic tetanus.

Stanton reported that as a result of Fourth of July accidents, 422 cases of tetanus developed and of these only seven recovered, a mortality of 98 per cent. Moschcowitz has collected since the introduction of antitoxin in 338 cases, mortality 43.2 per cent.

It should be noticed that the diagnosis in some of these cases reported is questionable; also, that a much larger proportion of the recoveries from tetanus is published than of the fatalities, so that the mortality percentage should be taken with much allowance. Statistics are as yet too meager to justify a final opinion as to the practical value of serum therapy in tetanus, but it appears to be somewhat useful.

Several diseases can be diagnosticated by making a bacteriological examination of the pus from abscesses. In others, it may reveal the cause and character of the pathological process. There are a few diseases the specific organism of which can be diagnosticated with great probability by the exclusive use of the microscope. They include the ray-fungus of actinomycosis, the bacillus tuberculosis, the gonococcus and the bacillus of tetanus.

Prophylaxis and Treatment of Traumatic Tetanus.—(1) Thorough cleansing of any wounds, received in barnyards, gardens or other places where the bacilli are likely to be present,

also Fourth of July wounds, by vigorous operative measures and the removal of any foreign matter. Free drainage of the wounds and immediate injection of 10 to 20 c.c. tetanus antitoxin into the nerve trunk coming from that part is advised; (2) as a prophylactic measure in Fourth of July cases, the enactment of laws by congress, state legislature and municipalities, prohibiting the sale and manufacture of dangerous toys. Recently, Dolley has succeeded in producing the characteristic symptoms of tetanus (convulsions) by inoculating wads from blank cartridge into rats, guinea pigs and rabbits. Several years ago, my colleague, Dr. Frederick C. Busch, succeeded in cultivating the tetanus bacillus from the wad of a blank cartridge which had produced the wound in a fatal case of tetanus. Inoculation of this culture into rabbits produced tetanus. This, of course, does not prove that the bacilli were originally in the wad; (3) the injection of tetanus antitoxin as soon as tetanic symptoms become manifest. "In the human being the disease has made such headway when discovered and so much poison has already been elaborated that therapeutic success after injection of antitoxin is uncertain." Wells says, "a patient who has just developed symptoms of tetanus is not just developing the disease, but is dying of it;" (4) symptomatic. The use of bromides and other hypnotics. All means to lessen spasms, as plugging ears of patient, darkening the room, and the like. The nutrition of the patient should be kept up.

The morphine-eucain treatment, recommended by Murphy, consists in the aspiration of few cubic centimeters of cerebrospinal fluid by lumbar punctures, followed by injection of 3 to 4 c.c. of a solution containing B-eucain, gr. 1½, morphine sulphatis, gr. ⅓, sodium chloride, grs. 3, aqua distillata, ozs. 3½, into the spinal canal. Injections should be repeated until the desired effect is produced.

The Russians inject strained sterile, freshly prepared emulsions of brain tissue (following the principle of Wasserman). Brain tissue has a specific affinity for this toxin. About 30 c.c. of the emulsion in salt solution is injected into the tissues in the region of the wound.

The Italians use Baccelli's carbolic acid treatment which consists of injecting subcutaneously 1 per cent. carbolic acid solution in sufficient quantities to make 5 grains in 24 hours.

The Matthews or cell catharsis (diuresis) treatment: large amounts of a solution containing sodii chloridi, gr. 55.5, sodii sulphatis, gr. 155, sodii citratis, grs. 51, calcii chloridi, grs. 2, aquae, pints 2, are injected. This solution is injected intravenously, in quantities up to 500 c.c. at each infusion, which should

be repeated twice in 24 hours. This method is effective in experimental tetanus.

The best results in the use of antitoxin have been attained by those who injected it into the spinal canal. According to Rogers it is necessary to scratch the cord or the nerve filaments with the point of the needle so that the antitoxin reaches the cord. In any case, it is not a question of the amount of antitoxin used, but the effect.

If a prophylactic injection of antitoxin could be administered in every case in which the occurrence of tetanus seemed at all likely, the disease would probably seldom develop.

I am indebted to Dr. Julius Ullman for the histories of some of the cases given.

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DISCUSSION.

Dr. C. M. Brown: It appears to me when we get a suspicious wound, the easiest way to treat it is to chloroform the patient, thoroughly cleanse and cauterise the wound with carbolic acid, and lightly pack the same with iodoform gauze. At this time, and while the patient is under the anesthetic, the antitetanic serum should be injected. Merck's dry serum dissolved in distilled water is the most convenient form to use and is quite harmless.

I have been very much interested in the Matthews treatment. Prof. Loeb experimented with it on animals under control. He injected three times the toxic dose of tetanus toxin, followed by saline solution, which produced free cell catharsis and diuresis, washing out the toxin from the cells. Results were good, but I believe the method has not, as yet, been tried upon man. I believe it is the consensus of opinion of the best authorities, that the antitoxin, to be of service late in the disease or after the symptoms begin to develop, must be injected directly in the subdural or subarachnoid spaces.

Dr. N. G. Russell: A review of statistics shows that there was a considerable advance made in the care and prophylaxis of this disease before the advent of the antitoxin treatment. Prior to 1782, in one Dublin hospital there were about 2,900 deaths

from tetanus to 17,000 births; while in Berlin, in 1870, the death rate from this disease in obstetric practice was only about 12 per 1,000. Since the use of antiseptics this has been reduced so that in 1900 there were only 2 per 1,000.

War statistics show a varying frequency but a steady lowering of the death rate, even before the general use of antiseptics. The disease is still too prevalent, as shown by the number of cases reported in New York city alone. In 1899, I think there were 73 deaths reported.

The mortality has been much lowered since the beginning of the use of antitoxin. Reports show a loss of only 30 or 40 per cent. of cases under antitoxin treatment, while the general average under other treatment is about 60 to 80 per cent.

The best results seem to come from large doses of antitoxin given early, before the beginning of symptoms. No other remedy seems to be of much use.

Could not a diagnosis be made early in a suspected case by making a culture from the wound, heating it to 80° C., and thus isolating the organism? Would the application of ice to the wound inhibit growth? The disease will not develop in the frog unless the animal be kept at a temperature of 37° C.

Dr. F. W. Barrows: In my reading I could find nothing to add to this discussion. I remember watching with anxiety two cases; neither developed tetanus however. One case was a penetrating gunshot wound with fracture of two metacarpal bones, considerable laceration, and extremely dirty. This was a boy 12 years old. Treatment consisted of irrigation with 6 to 8 quarts of hot antiseptic solution, 1 to 6 or 8,000 sublimate, and then lysol. At close of second day a dry dressing was applied with powdered antitoxin. Prophylaxis is the most important phase of this question and we can reduce danger from tetanus while looking for legislation, by education. The fight against tuberculosis has much improved since this question of education began fifteen or twenty years ago. So it will be with toy pistols and the antiseptic treatment of wounds. Education by the doctor would reduce the danger materially. Legislation will come much sooner if preceded by a campaign of education. I am a strong believer in education as a prophylactic.

Dr. F. C. Busch: The tetanus toxin is supposed to reach the cord where it exercises its specific effect, by way of the motor nerve fiber. This may account for part of the period of incubation. It has been suggested and the suggestion has been acted upon, to resect the nerves leading to the point of inoculation; this, however, would hardly seem efficacious since the poison has already been absorbed by the blood and lymph and has entered other nerve fibers, whence it may be carried to the cord.

Dr. James E. King: My interest in tetanus centers around catgut as a source of infection. The possibility of its being an

infecting agent is evident. Prepared from the intestinal tract of the sheep the possibility of the spores and bacilli being incorporated in its substance, it only requires the absorption of the catgut in a wound to liberate the germ and spore under the best conditions to favor the development. Several years ago an epidemic of tetanus broke out in one of the western cities. It occurred only in operative cases and investigation discovered that it was in those cases where the catgut, prepared by a certain manufacturer, had been used. Dr. McKee having mentioned my connection with his case I feel at liberty to speak of it further. I had his case under my care during his absence; it developed the disease in a typical manner. The patient had done so nicely that for several days I had not seen her. A high pulse and a tendency to a set jaw prompted the interne to ask me to see her. I learned that the day preceding she had complained of a "stiff neck," but the bed being near a window it was supposed to be a cold and no importance attached to it. The following day when I saw her the diagnosis was very simple. Antitoxin and carbolic acid were both used in generous dose, but without effect. I took this case to be one of catgut infection. Experimental laboratory work easily finds the agent that will kill spore and germ, but in preparing catgut the strength of the catgut must be maintained and the agents and chemicals that will destroy the germ will too often destroy the usefulness of the suture. I have not found any record of experiments with catgut to determine the possibility of destroying the tetanus spore and, personally, I feel that there is a wide and useful field for some one to work in.

One manufacturer comes nearer to a perfect sterilisation of catgut than any of the methods I know anything about. The catgut to be prepared is first sterilised to kill what germs there may be. The catgut then passes through a process by which any spores are supposed to be developed and then resterilised to destroy the bacilli so produced. It is the resistance of the spore that renders killing of the tetanus germ difficult. Of the simpler methods I should suspect that the iodine method gives the best chance of killing the tetanus germ in catgut.

Dr. L. Bradley Dorr: I have seen two cases of gunshot wound causing tetanus,—one on the hand and another being an abrasion on side of neck; the first, the seventh day, and the second the eighth. Antitoxin and carbolic acid were used, and both patients recovered.

A doctor from Colden telephoned me sometime ago that he had a case of tetanus infection from a vaccine wound. By early treatment the patient got well also.

Dr. Grover W. Wende: I have had no experience with tetanus except while studying under Professor Peck in the hospital at Prague. At this time there occurred an epidemic in the Lying-in Hospital. Many of the patients died, including a couple

of nurses and an interne, representing all those infected with the disease. There were a few cases in the German Hospital of which one recovered through the use of the serum. Epidemics of tetanus have occurred in this country along the shores of New Jersey and Long Island.

Dr. BENTZ, in closing, said: Escharotics, as silver nitrate, irritate the tissues and favor the formation of a crust, which protects the tetanus germs in their growth. Antiseptic treatment would be effective if the conditions of the wound were such that the antiseptics reached the organisms; mixed infection then would not occur and tetanus would not develop. Carbolic acid is destructive to the toxin; iodine weakens it.

As an immunising dose, in suspicious wounds 10 c.c. of the antitoxin (Mulford's) should be injected in the region of the wound. The dry antitoxin has no effect when applied superficially.

Breiger and Boer have isolated antitoxin from the serum by the methods used to obtain the toxin.

Some parts of Long Island and New Jersey have become notorious for the number of cases of tetanus developing after trifling injuries. Cases are fairly common in New York city.

Experimentally, when tetanus toxin is mixed with emulsion of brain tissue, it is neutralised. When we consider that tetanus organisms are found in the intestinal discharges of herbivorous animals, we can understand the possibility and probability of contamination of material used in the manufacture of catgut. The cases that do occur from catgut are explained by faulty sterilisation of the catgut before operation. Vaillard says, if spores are rendered free from toxin, by being kept for a time at 80° C. and then injected into animals, death does not occur; but if lactic acid, or traumatic conditions of tissue about the wound, or mechanical irritants, as foreign bodies, or pus cocci be introduced along with spores or bacilli death results. This explains how the disease occurs naturally.

Kitasato believes that in the natural infection in man, the presence of tetanus bacilli or their spores along with foreign material is necessary.

Some poisons have a selective influence on the nervous system. In tetanus the toxin affects particular groups of neurons. The fact that lockjaw nearly always occurs first, shows that the poison selects the motor nucleus of the fifth nerve.

The poison in syphilis affects certain neurons producing the Argyll-Robertson pupil. In rabies the medulla is especially affected. The mortality of cases, in which antitoxin was injected intracerebrally is high. The method is dangerous.

The differential diagnosis between strychnia poisoning and tetanus—in the former, the history of the case, the rapidity of onset of symptoms, the complete relaxation between the spasms, and the late involvement of the jaw will indicate strychnia poi-

soning. In tetanus the symptoms appear late, the first symptom is stiffness of the muscles of mastication, and a spastic condition of the muscles near the wound.

The period of inoculation varies with the history of injury. It is doubtful whether any idiopathic cases exist; there must be a wound somewhere.

One point in diagnosis is important. Tetanus toxin is eliminated in the urine, also is found in cerebrospinal fluid. The injection of cerebrospinal fluid or urine from cases of the disease into susceptible animals, e. g., a white mouse, may be used as a test.

Pendulous Abdomen.[1]

By J. P. CREVELING, M. D., Auburn, N. Y.

THE few remarks I have to make in this paper will be confined to that flabby, sagging condition of the abdomen seen in women fairly well advanced in life, and I think in women who, in earlier years were corpulent with prominent abdomens. Observation has taught us that many individuals with large protruding abdomens, are rather spare in other parts of the body. For instance, the ankles and legs especially below the knee are small, and the upper chest about the collar bone is thin and sometimes the nates as well.

Much of such prominence is due to fat deposit, extraperitoneal, and indifferently distributed in the tissues between the skin and peritoneum. In most such cases will be seen a tendency to fatty changes in the muscle fiber, or at least such muscles become flaccid, thin and less resistant to the pressure from within. In these cases the recti muscles are usually widely separated and are thin. Pregnancy undoubtedly adds to this by subjecting the parts to continued and increasing pressure, the tension of which is largely in a lateral direction. These elements with a general visceroptosis may be sufficient to cause the deformity. The continued gravitation of the viscera I believe to be an important factor in fagging out the weakened muscles. It is not of the ordinary condition that I wish to speak today, but of the extreme, in which the abdominal wall seems to have lost all energy and the anterior abdomen hangs over the pubis like a pouch, without any apparent effort on the part of the muscles to retract and maintain it in shape.

Women with large abdominal tumors after their removal expect to return to their normal figure and genteelness, and a

1. Read at the 37th annual meeting of the Medical Association of Central New York, held at Rochester, N. Y., October 18, 1904.

large baggy abdomen to them is a great annoyance. It is true this condition is usually obtained, but there are times when it is not and any means calculated to remedy or improve, without too much risk, is a measure for consideration. Two cases have come under my care in which the belly wall had entirely lost tonicity and hung like a bag over the pubis. In these two cases I did an operation I have not seen advised; neither would I suggest its performance except for special reasons and when other means have failed to answer the purpose. Both these cases previous to this time had had laparatomy performed for pelvic disease. In both the general condition existed before the operation and in both the union of the incision was good. In November, 1898, a woman 58 years old entered the city hospital for the removal of an ovarian tumor. She had borne seven children, was of medium height, corpulent, the face had rather a bronzed appearance and was expressive of abdominal pain. The mammæ were large and flabby. The abdomen was large, had a boggy feel and the muscles much relaxed. She complained of a good deal of pain, the focus of which was in the right flank, but it radiated throughout the abdomen. It was made worse by walking or standing and was accompanied by a general discomfort which rendered her a semi-invalid. The bowels had been constipated and distended for years.

On examination, a cyst springing from the left ovary was discovered, not large and could not be responsible for the symptoms present. Both kidneys were in position as was the liver. A number of coils of distended intestines lay in the pouch caused by the relaxed muscles. In fact it seemed as if most of the intraperitoneal viscera were trying to find lodgement in the basin of those sagging muscles. On the following day the cavity was opened through the median line as usual, and the cyst secured, which contained only about a quart of fluid and was without special interest. The right ovary was about three times the normal size and sclerosed, while the uterus was practically normal. Most of the intestines seemed to be in the pelvis, and the stomach was found in the region of the umbilicus. The wound was closed and it united by primary union. I deluded myself in the belief that the woman would be well after a proper period of convalescence, but much to my chagrin, she appeared at my office some six months later, with an abdomen as large as before the operation, said all the old symptoms had returned and the operation had done her no good.

She had failed, however, to wear the support given her after leaving the hospital. It was then surmised that the union had been poor, the cicatrix stretched, or at best something had gone

wrong in the healing process, which allowed the recti muscles to separate, the oblique to contract and thus leave the anterior abdomen without sufficient support. It was therefore determined to open the cicatrix and draw the supporting muscles forward and unite them by suture, but when the skin was cut through, the scar was found to be firm and complete, and the recti muscles could not be found even after some lateral dissection had been made. It was then decided to cut out the superfluous belly wall, and for this purpose a semi-eliptical incision beginning just above the umbilicus and a little to the right was carried to the symphysis pubis. The maximum distance to the right of the linea alba was a little over two inches. This incision extended through the entire abdominal wall into the peritoneal cavity. A similar incision was then made on the left side, beginning and ending at the same point as that on the right. This removed something more than four inches wide of the anterior wall of the abdomen. The margins of the wound were then brought together and sutured in the usual way. Union was complete and in two weeks she was able to be out of bed. No muscle was seen during the operation, and after the wound had been closed, an incision two inches long was made, two inches to the right of the first cut, down to the peritoneum, but no muscle fiber was found. This cut, of course, was merely for inspection.

In the second case many of the general features were much the same, but the woman was younger, being but 34 years old, the mother of five children, which had been born in rapid succession. She said she had had peritonitis some three or four times, and she also had the same flabby abdomen. On examination the uterus and bladder were found prolapsed and adherent to a mass above which later proved to be the bowels. When the abdomen was opened it was discovered that the whole generative apparatus and a number of coils of intestines were stuck together in one mass, and this adhered to all the surroundings. During the disentanglement the fundus of the bladder was opened, which was sutured, and when the object of the operation had been accomplished, the uterus was suspended and the wound closed. She made a rather slow recovery. This was done in 1901 and I did not see her again until last spring, when she was referred to me for what was supposed to be post operative hernia. This proved not to be the case, but was a prolapsed condition of all the coverings of the abdomen.

The same operation as the one detailed was done, except that the incision began at the umbilicus and not above it. The result here was as satisfactory as in the case already given. In both cases, the strip of four inches was sufficient to remove all super-

fluous wall and restore the abdomen to normal size and shape. At present there is no manifest tendency to sagging in either patient.

22 South Street.

Quarantine.[1]

By F. H. SAWERS, M. B., Rochester, N. Y.

VIGILANCE and measures for the public good are highly commendable and need no defense. There are some matters, however, the attending physician is well fitted to supervise and his place should not be usurped nor interfered with by those in power without some very valid reason and, surely, never without ample opportunity being given him to be heard.

The inadequate remarks in this paper are meant to bring out some thoughts along this line, as well as something in reference to the protection the citizen deserves. They are not intended to offend, the desire being that they may bear some good fruit.

What great benefits quarantine has brought to the people of our day. Compare the manner of safeguarding the community now to the barbaric times of killing the victims and burning their effects. How much less interference with commercial affairs scientific and advanced methods, as practised now, afford without the terrifying restrictions of early times.

The value of quarantine properly and carefully applied meets with little opposition at this time and its efficiency, although imperfect, has numerous instances to attest its great utility. It would be difficult indeed to compute the saving of that most precious thing, life, and the preserving of health, so desirable for the individual as well as the nation, which quarantine measures have effected; and to accomplish something worth while in this way the few must often, of course, suffer inconvenience for the good of the many. What is of such vital concern to all meets with a ready response from the medical profession in the fullest sense to aid in forming just and effective laws for the framing of which their education and experience so well fit them.

It is not my purpose in this short article to have included in it any extended or specific details relating to the methods of quarantine, but rather to express a few thoughts bearing on the subject of the seriousness of jeopardising the citizens prerogative and that of his attendant, whoever he may be. Possibly it can best be done by illustration.

A physician on board an ocean liner was sick with tonsillitis

1. Read at the 37th annual meeting of the Medical Association of Central New York, held at Rochester N. Y., October 18, 1904.

and at the same time a simple ecthymatous eruption made its appearance on his body, which was diagnosticated by the ship's doctor as smallpox. He said he would be compelled to isolate the case; but the physician passenger disagreed with him and maintained the former diagnosis was the correct one, demurring at the same time to the order of removal to quarantine. Happily the order was not put into effect. One might say that the authority of the ship's doctor warranted the isolation of the patient, but we would all agree that the doctor's action was not only commendable, but just. What inconvenience and fear his judicious course averted! In a couple of days the physician, whose indisposition had disappeared, rejoined the ship's doctor on deck, with no less friendship.

How careful we ought to be when a mistake may mean so much to life and property. We are all so liable to err; indeed, it is the lot of man, so frail yet so strong, that when he sees his error and admits it, he at once becomes the conqueror.

During a clinical test, Mr. Sydney Jones, chief surgeon of Saint Thomas's Hospital, London, and one of the foremost men of that great city, said to a student whom he was examining, "You are careful enough in your work in this case, but I cannot understand how you can make out such symptoms and reach the conclusion you do. Let us review it." This concession by Mr. Jones was of great importance to the student and was much appreciated. It is needless to add that the impressive lesson taught by this noble man has probably never been forgotten by the student, nor his admonition, "admit your errors, be just, retain your selfrespect, and the good opinion of your adversary."

Not long ago, a child a year and a half old, with slight fever, a light reddish-brown papular eruption, not continuous, disappearing on the second day with little desquamation, enlarged posterior cervical glands, came under my observation; also a brother a year older, sick a day or two before; no eruption when seen, posterior cervical glands enlarged. The mother of these children was indisposed for a few days, complaining of sore throat, but not confined to bed, nor unable to attend to her usual duties; when seen, there was no eruption, no objective signs of sore throat, no desquamation, but an enlarged posterior cervical gland. These cases were diagnosticated as German measles.

Ten days later the mother's sister, who lived about a mile away and who had called to see these relatives, was sent by the health department to the scarlet fever pavilion, and the house of the former was placarded with a scarlet fever sign. Was this not a violation of the citizen's prerogative? But we were told that the mother's hands were peeling. True, due to turpentine which

a kind neighbor had recommended to ease pain. Although the subject matter was thoroughly presented to the attention of the authorities repeatedly, they still maintained there was no reason for a change of mind and vouchsafed the information, that when cases were not reported prosecution could be instituted.

Although assumed to be a reportable disease, German measles is not incorporated in the ordinance, and therefore it is not necessary to report it; neither is it just to one's patients, nor advantageous to the interest of the community at large to do so. By magnifying mild diseases, we lessen the value of otherwise effective measures to guard against the dangerous ones. By unwarrantable errors, the people are put to great inconvenience, and the most important office in the community is ridiculed and feared, instead of being respected and trusted; and the danger to the community from concealed diseases which are of a serious nature, are very much increased.

As a duty to the public which must needs look to the medical profession for betterment, along lines pertaining to public health, let us bend our energies to secure capable, just, conscientious and fearless officials, who are unhampered by partisan claims; men who will trust the public, and in turn be trusted; always solicitous for the liberty and safety of the individual, while acting with a firm, yet kind hand, for the welfare of all.

548 Lake Avenue.

SOCIETY PROCEEDINGS.

Buffalo Academy of Medicine.

Section on Medicine, March 14, 1905.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

THE regular meeting of the medical section was held Tuesday evening, March 14, 1905, at the academy rooms in the Public Library building. The meeting was called to order at 9 o'clock by the chairman, Dr. Allen A. Jones. The minutes of the last meeting were read and approved.

Dr. Elliott P. Joslin, of Boston, Mass., presented a paper, entitled,

THE IMPROVEMENT IN THE TREATMENT OF DIABETES MELLITUS.

(Author's Abstract.)

The improvement in the treatment of diabetes mellitus is due chiefly to the substitution of facts for guess work. In the last

ten years quantitative examination of the twenty-four hours' specimen of urine for sugar has become a routine practice; acetone and diacetic acid are always looked for, and by the determination of the urea or the nitrogen, an effort is made to control the amount of albumin in the diet.

The accurate determination of the sugar and starch in the diet of diabetics has also recently come into general use. This enables a comparison to be made between the carbohydrates in the diet and in the urine. It is thus known whether the patient excretes less carbohydrates than were contained in the diet, an equivalent amount, or more. The tolerance of the patient is thus determined, and a test is afforded by which all can determine the usefulness of any drug, food or method of treatment.

The aim in treatment is to increase the tolerance, and the first step to this end is to get the patient sugar-free. In most cases the partial withdrawal of carbohydrates from the diet brings this about. In others, a strict diet like the following, which is in use at the Boston City Hospital, is necessary: meat, fish, eggs, cheese, butter, coffee, tea, clear soups, gelatin, spinach, cabbage, cauliflower, string beans, lettuce, celery, tomatoes, radishes, asparagus, water cress, mushrooms, cucumbers, onions, olives, lemons, dandelions, pickles. Eat at least 3 eggs, 1 salad, 1 tablespoon olive oil, 3 vegetables and 2 ounces butter each day.

If these measures do not suffice various expedients can be tried. First, the reduction of the total quantity of food to an amount barely sufficient to maintain body weight. Should sugar still remain in the urine a second expedient—namely, the reduction of the albuminous food may cause it to disappear. A third resource is the vegetable day, in which coffee, tea, beef tea and diabetic vegetables are allowed. In the most severe cases starvation for twenty-four hours may be necessary.

Carbohydrates should be very gradually put back in the diet when their removal has been necessary to free the urine of sugar. Cream is the most useful carbohydrate food, and can slowly be added to the strict diet until half a pint is reached. Taking advantage of the fact that carbohydrates wholly in one form are better borne than a mixture of carbohydrates, it is next in most cases advisable to add small quantities of milk. Potatoes may be later tried, because they contain 20 per cent. of starch in contrast to the 60 per cent. in breads. The oatmeal cure is not applicable to most cases. It is well, however, to remember that a tablespoonful of cooked oatmeal contains but about one third of an ounce of sugar.

The discussion about milk, potato and oatmeal cures has given rise to the belief that the diabetic diet is less strict now than

formerly. This is not true. The key note of treatment today remains the attainment of a sugar-free urine. The above diets, in certain cases, simply are means to this end.

The change from a general to a diabetic diet should be very gradual. Two thirds of a healthy man's food is sugar and starch, and it is not common sense to change the custom of years suddenly. The withdrawal of carbohydrates often leads to acid intoxication. In changing a diet it is a good rule to give a teaspoonful of bicarbonate of soda two or three times daily until the patient becomes accustomed to the new regime. Fat constitutes a great part of the diabetic diet. It should be added very slowly, and the taste disguised, lest the patient acquire repugnance for the same.

The treatment of coma lies in its prevention. It is a safe rule to proceed slowly in any dietetic change when the urine shows the ferric chloride reaction, and at the same time to give bicarbonate of soda. Good spirits, absence of restlessness or dulness and a slow diminution of the quantity of urine, as the carbohydrates in the diet are lowered, relieve the attendant of anxiety, even if diacetic acid is present. At the first untoward sign add to the diet a pint or more of milk, which should be taken in small quantities, and favor elimination of acids with liquids. Avoid acute dilatation of the stomach by caution in the administration of liquids. One teaspoonful of bicarbonate of soda may be given every half hour for three or four doses, then every hour, but soon every hour and one half to two hours for fear of vomiting. Avoid diarrhea. Enemata, as a rule, are safer than carthartics.

DISCUSSION.

Dr. CHARLES G. STOCKTON: One would like time for reflection before discussing this paper. The doctor has purposely omitted to mention special foods,—such as gluten. He has emphasised the importance of care in changing diet suddenly, which is, in a sense, a new idea to me. It is a suggestive idea,—that such a great oscillation as that from albumins to carbohydrates, for example, would greatly shock metabolism. The patient suffers from carbohydrate hunger for two reasons,—because he cannot utilise carbohydrates, and because the carbohydrates are withdrawn. When it is possible to omit the starvation day and vegetable day, we give the patient cream and then add potato. The patient craves a certain amount of starch. For that reason I have for years practised and taught that it is unwise to use bran and coarse cereals as a means of furnishing starch. There is no physiologic objection to using an equivalent of bread or potato. Some patients can use starch of one kind, but fail to use another kind; for example, they may use potatoes but not bread, or, bread

but not oatmeal. My own experience in feeding milk has been unsatisfactory; so also with the sugars of fruits; both have brought back the sugar in the urine. I believe that drugs are useless in treating the disease, but not in promoting the general welfare of the patient. As to acid poisoning, I have seen patients approaching a state of coma who were improved by absolute rest, free elimination and alkalies. But I have never cured advanced coma by these methods. Other things than diet may precipitate coma. Fatigue is deadly in diabetes. I have had occasion to observe that patients on a restricted diet are often extraordinarily fatigued by very slight causes, such as a trifling physical effort or a mild mental excitement.

Dr. A. L. Benedict: Will the doctor please define diabetes? A rough clinical definition would be, according to my ideas, a failure to transform carbohydrates in the body, with compensatory breaking down of the proteids. I estimated at one time that the urine of diabetes would contain 100 grams, or more, of urea per day. Will Dr. Joslin please go into the question of urea in diabetes? Are the coloring matters of urine broken down by the tests for urea? As to medicines, strontium and the salicylates have, in my experience, given good results, though I do not know why.

Dr. Fridolin Thoma: Dr. Joslin's outlook for this disease, under dietetic treatment, is very hopeful. Von Naunyn, of Strasburg, states that one third of all cases investigated by him were hereditary. Many patients cannot be saved, especially between the ages of 18 and 22. He has discarded opium in treatment. I was induced to try the "Java plum," *Szygium Jambulanum*, after seeing it recommended by von Mering, of Halle. It seemed to help one of my cases. I advise exercise in the open air, as it leads to increased oxidation of sugar in the blood. A passing glycosuria is probably caused, at times, by a passing lesion of the pancreas.

Dr. Thomas G. Allen: In my experience ammonium salts are the best drugs. Ammonium salicylate, 5 or 10 grains, every three hours, and corrosive sublimate, 1-100 grain, have worked well. I prescribe also a moderate amount of exercise, and hot baths.

Dr. G. H. A. Clowes: Dr. Joslin's extremely interesting paper throws considerable light on several problems that have arisen in the course of our work in the laboratory. Starvation seems to be a most important factor in diabetes. Large quantities of proteids are prejudicial to the body. The suboxidation products of proteids are harmful. In analysis of the urine we should estimate ammonia as well as sugar and acetone. It is specially important to note the variation of individuals as to the kind and quantity of foods that they can take and assimilate. Potato contains, by percentage, nearly as much starch as does

bread. But potato is better taken by diabetics than bread. So, also, milk sugar is easier to take than cane sugar. I have found by observation that the pancreatic extract of different individuals varies greatly in the power of digesting proteids, in some cases, digesting vegetable albumins better than animal albumins, and vice versa. It ought to be possible to slowly adapt the organs of digestion to any change of diet. Dr. Joslin's ingenious idea of giving a starvation diet, then a moderate vegetable diet and, finally, cream, forms the most rational plan of which I have ever heard for feeding diabetics. The addition of alkalies to raise the alkalinity of the blood helps in the removal of suboxidation products and those that interfere with oxidation.

Dr. Edmund E. Blaauw: I recollect that one great medical authority, Lépine, gives the inside of bread, never the crust, in diabetes.

Dr. Allen A. Jones: If we confine ourselves to the discussion of the paper it is a question of diet and alkalies. I agree with Dr. Joslin that the treatment of coma consists in its prevention. Instances of the control of coma are reported, but it is always fatal in the end. I think that the value of drugs lies in improving the resistance of the patient. May not assimilation in the diabetic be helped by drugs, as well as by rest and oxygen? Arsenic, glycerophosphates, nux vomica and other agents, may each help in individual cases. Though drugs may be of little service in treating the disease, yet I believe there is a place for them in the treatment of the patient.

Dr. Joslin, in closing: In regard to the use of drugs in diabetes, I agree with the speakers that occasionally remedies like bromides are of value in the treatment of the patient, but I never expect with drugs to permanently influence the glycosuria. If drugs are not prescribed, it means extra work for the doctor to be sure, because time must be spent with the patient in emphasising and explaining the part that diet plays in treatment. In the *British Medical Journal*, Vol. I., p. 544, 1903, is described a case that developed diabetic coma shortly after entering the hospital for treatment. This was apparently due to the change of diet. Such deaths are less common than formerly, and I doubt if many more are reported. Traveling often leads to coma, but this is unnecessary if the diet remains constant. In answer to Dr. Benedict's question, we have found that Squibbs's urea test may have 50 per cent. of error in diabetes. The relation of albumin to acid intoxication is not perfectly understood. Apparently, albumin, when it is burned in the body breaks up into a carbohydrate part and a part that is excreted in the urine. The oxidation of the former portion tends to prevent the development of acid intoxication. Exercise is a two-edged sword: it does well in some cases, and poorly in others. Of late the rest cure has been advocated for diabetes. It is a good thing for cases that are very

much run down. Many cases of diabetes are fatal; on the other hand, cases frequently occur that do well under treatment. It is encouraging when a patient who excretes 6 per cent. of sugar in the urine, and is sugar free only on a diet containing less than one ounce of starch per day, improves so much that at the end of five years, five ounces of starch per day can be taken without glycosuria. The inside of bread, of course, contains less sugar than the crust, and yet diabetics are often advised to eat crusts. Three ounces of potato contain only as much sugar as one ounce of bread. The potato is bulkier, lasts longer, and is a good butter carrier, for which reasons it is a good food in these cases. Those interested in the problems of acid intoxication, will find them well discussed by Magnus Levy in the new edition of von Noorden's "Pathologie des Stoffwechsel," which is soon to appear.

Dr Dewitt H. Sherman presented a paper entitled,

THE PREMATURE INFANT.

(Author's Abstract.)

Dr. Dewitt H. Sherman, in his paper on The premature infant, reported the results of the incubators at the Children's Hospital. They have had twenty-nine cases, six of which died within twenty-four hours, and ten later. He reviewed the principal points of the lack of development of the premature. He dealt with the treatment under three heads: (1) maintenance of body temperature; (2) judicious feeding; (3) general care.

All the infants were out-patients. Thirteen had subnormal temperatures, 96° or less, and eleven died. One with a rectal temperature of 94° survived. His statistics showed the necessity of attending to the proper maintenance of temperature immediately after birth in order to prevent shock from chilling.

Under the heading of feeding, diluted breast milk is given almost immediately after admission without apparent ill-effects. The amount is small, the interval short, day and night. Plain breast milk is given as soon as tolerated. Some of the infants were too weak to suckle and were fed through the nose. Gastric lavage was not used, being too disturbing a procedure.

Under the heading general care he laid emphasis upon pure air of proper humidity; upon quiet and freedom from handling; upon anointing rather than bathing, except in so far as absolutely essential for cleanliness; upon the use of the fewest possible drugs, those used being mild cathartics and stimulants, and beef juice in the place of iron.

The smallest infant received weighed 1 pound 13 ounces. It died. The smallest surviving child weighed 2 pounds 11 ounces. One babe developed scurvy on breast milk. He claims that a

premature infant can develop as well as one born at full term, and that the old notion that a seven months' infant is more liable to survive than an eight months' infant is groundless. He acknowledges the courtesy of Dr. Charles Summer Jones for the privilege of reporting all the cases.

DISCUSSION.

Dr. Charles Summer Jones: Indifferent care of the premature infant is not a new thing, but successful treatment is a new thing. The literature of the subject is meager at best and lacking in numerous important particulars. As incubator treatment is continued, much more will be known on these problems from year to year. As to artificial respiration in cyanosis, there are very good reasons for not resorting to it. Rotch reminds us that during intrauterine life the infant floats in the amniotic fluid, which is a provision for preventing jars and all such injuries as might follow handling. Then don't handle the premature infant. Artificial respiration will not save its life. Instead, use inhalations of oxygen, gentle counterirritation, an unusually humid atmosphere, slight medication by brandy and nux vomica; if these fail, artificial respiration will also fail, as was illustrated in the case of twins which I would like to cite.

In the premature there is a great tendency to muscular twitchings and convulsive seizures, due, probably to defective elimination of urea and to pressure on the brain. The head should lie on one side, to relieve pressure at the base of the head. The neck should be straight. The infant should have a generous quantity of sterilised water. Jaundice in the premature infant, though usually mild, is significant. Griffiths says that out of seventy-seven cases reported all but ten had a pronounced jaundice. In the Children's Hospital we have had a few cases of pronounced jaundice with regurgitation of bile from the mouth. The remedy may be accompanied by one twentieth of a grain of calomel once a day, to infants weighing three pounds. Jaundice is improved, also, by giving four or five minims of milk of magnesia with each feeding, and by increasing the humidity of the atmosphere. Details always count in these cases.

Dr. Sherman, in closing: I wish to emphasise the fact that in order to succeed with the incubator treatment we must have the infant immediately after birth, so as to get it while it is as near the normal temperature as possible. As to artificial respiration, my method is to place the infant in a warm mustard bath, its back resting on two hands of the operator, by which a slight flexion and extension is kept up,—simply enough to open and empty the lungs.

Dr. Charles G. Stockton: I move that, with Dr. Sherman's concurrence, we recommend to the council that a reprint

of this most valuable paper be sent by the academy to every physician in Buffalo.

Dr. P. W. Van Peyma: I am impressed with Dr. Sherman's practical knowledge of his subject, and I heartily second the motion.

The motion was unanimously carried.

Dr. B. F. Herr, of Millersville, Pa., whose name appeared on the program, begged leave to present his paper at some future meeting of the academy.

The meeting adjourned at 11 p. m. Attendance, 68.

PROGRESS IN MEDICAL SCIENCE.

Pediatrics.

Conducted by MAUD J. FRYE, M. D., Buffalo, N. Y.

RECURRENT VOMITING.

Rochford, (*Archives of Pediatrics*, December, 1904,) discusses at length the subject of recurrent vomiting in children. The article is too long to be presented even in abstract, but the following is gleaned from it:

Heredity is the most important predisposing factor. A family history of gout or migraine is present in nearly every case. Nearly all of these patients are constipated. Mental overwork and nerve excitement, especially when combined with indoor life and bad ventilation are important predisposing factors. Nearly all cases occur among the heredity rich and refined. Dr. Rochford believes that both auto- and intestinal toxins play a rôle in producing this symptom group and that it is not always produced by the same toxins. A functional incompetence of the liver is an all-important factor. Of exciting causes overeating is one of the most potent. All reflex irritations may be classed as exciting causes. The urine becomes scanty. It is very concentrated and highly acid. The xanthin bodies are in great excess. Albumin may be present in small quantities, but this is uncommon. Acetone and indican are present in all of the severer cases. Diacetic and oxybutyric acids have been found.

Passing by the description of symptoms it may be noted that intestinal obstruction offers the greatest difficulty in differential diagnosis. Absence of pain and of bloody mucus in the stools and of any tumor help to clear the situation.

The prognosis, both as regards the attack and the prevention of recurrence, is good. Fatal cases have been noted.

Treat the attack by the use of calomel and bicarbonate of soda, followed by a saline laxative, if the stomach be not too irritable. Four or five hours later give benzoate of soda from 3 to 8 grains every two or three hours. No food should be given. Water may be allowed. If the vomiting precludes stomach medication try the calomel and soda and give every eight to twelve hours a high rectal enema of normal salt solution or bicarbonate of soda; a tablespoonful to a pint. In cases of extreme prostration saline solution may be used subcutaneously. It is sometimes necessary in these cases to use morphine, 1-10 to 1-20 grain, hypodermatically.

The curative treatment consists in an outdoor life, with moderate exercise in a suitable climate. As a rule, the children should be taken out of school and lead quiet lives. The diet should be carefully restricted. The following foods may be allowed: milk, cocoa, vegetable soups, well-cooked vegetables, cereals, cooked fruits, eggs, fish, mutton, chicken, and occasionally beef. An excess of any food must be guarded against. The habit of water drinking between meals should be cultivated. Sources of reflex irritation should be sought for and removed. Constipation must be relieved, first by the sulphate and phosphate of soda, later by mixtures of rhubarb and cascara. For the medical treatment the wintergreen salicylate of soda and the benzoate of soda are our best remedies. These may be given for months at a time.

RECTAL EXAMINATION IN CHILDREN.

McKenzie, (*British Journal of Children's Diseases,* December, 1904,) reports a case of appendicitis in a child discovered by this method of examination. The child, aged 4 years, suffered from a high temperature and general malaise. The next day he complained of stomachache and pain on micturition, but from the refractory nature of the child nothing could be made out by abdominal examination. Per rectum the bladder was found to be full and fluctuating. The patient was anesthetised and the child catheterised under the impression that some bladder trouble was responsible for the disorder. A rectal examination with one hand on the abdomen revealed a tumor in the right side of the pelvis, which operation a few hours later proved to be the appendix already perforated. A delay of a few hours more in diagnosis would have cost a life.

Rectal examination in a child permits quite a complete investigation of the condition of the abdomen. To obtain a satisfactory result the patient must be anesthetised.

GONORRHEAL SALPINGITIS IN A CHILD.

Bidwell, (*British Journal of Children's Diseases,*) reports a case in a child, aged 6 years. Microscopic examination of the vaginal discharge showed gonococci in considerable numbers. The child was very ill with great pain and restlessness. She refused nourishment. The abdomen was slightly swollen and distended and rectal examination revealed a very tender swelling in the left side of the pelvis. Operation was done and both tubes were found full of pus and were removed. The ovaries were left. Later, a cureting of the uterus was required for cure of endometritis. Following this, the child made a perfect recovery. The case was complicated by acute inflammation of the tendon sheath of the right foot, undoubtedly a form of gonorrheal rheumatism.

Bidwell advises that when a child is seen with a vaginal discharge, which is proved to be gonorrheal, the patient should be anesthetised and, if the discharge is coming from the uterus, cureting should be done to prevent the spread of the disease to the tubes. Salpingectomy should be a last resort, since the functional result is sterility. In his case the ovaries were left that development might not be arrested.

PHYSICAL SIGNS IN CHILDREN.

McHamill and LeBontillier, (*Jour. Am. Med. Assn.,* January 7, 1905,) report the results of a series of observations, relating to normal or functional conditions, some of which have not been sufficiently emphasised in the literature, and others of which are at variance with the results reported. An area of impaired resonance, they find, exists normally under the left clavicle. This is present until the ninth or tenth and not infrequently till the thirteenth year. It is always present at the inner third of the clavicle and occasionally extends outward to the mid-clavicular line. It extends downward to the first interspace and not infrequently blends into cardiac dulness.

The bronchial type of breathing is ordinarily heard over the root of the lungs, and varies greatly in different children. Posteriorly, it is usually limited to the interscapular space and supraspinous fossæ. It is often conveyed to the entire scapular area and it can sometimes be heard just above and in front of the angle of the scapula, about in the posterior axillary line,—as a high-pitched, distant, bronchial murmur, which is sometimes so misleading as to be mistaken for the bronchial breathing of consolidation. When heard here, it is usually bilateral, assuming that the child is examined in a position which renders breathing

equal on the two sides. It is much more common in children under 6 years of age, although noted after this period.

It has been stated that placing a child on a pillow or mattress will to some extent deaden the percussion note. These observers further state that a striking difference between the two sides occurs when the child is examined lying on its side with the dependent surface of the chest in intimate contact with the bedding. Under these circumstances, the elasticity of the chest wall is destroyed, the lung is compressed, air enters it inadequately and, in consequence, there results a striking increase in the height of the pitch of the percussion note, which, when compared with the note on the opposite side, proves very misleading, unless one determines its origin by examining the infant with both sides of the chest free and symmetrical.

In regard to the heart the result of the examination of two hundred and seventy-five cases, it may be concluded that, up to the sixth year, the apex beat is found much more commonly in the fourth intercostal space and in the midclavicular line and that, after this period, it is usually in the fifth space, in or just within the midclavicular line. Occasionally, however, it continues to beat in the fourth space even up to the twelfth year. The average outline of the heart for children under 3 years of age is as follows: upper border, second rib; right border, midsternum; left border, just without the midclavicular line. From the third to the sixth year: upper border, upper border of the third rib; right border, midsternum; left border, in or just without the midclavicular line. From the sixth to the twelfth year: upper border, third rib; right border, from the midsternum to the right edge of the sternum; left border, most commonly in the midclavicular line.

Concerning the venous hum and functional heart murmurs, which few observers mention as occurring in the early years of life, the authors give interesting data. They believe that they bear a close relationship to the general nervous tone of the individual. The venous hum was studied in two hundred and twenty-six cases, twenty-four of which were under 3 years of age. Functional heart murmurs were studied in two hundred and sixty-seven cases, the murmur being best heard in the majority of cases in the pulmonary area. One most significant observation was made: of nineteen children under one year in a children's home, twelve were foundlings and seven breast-fed. Among the foundlings there was found the venous hum four times, a functional murmur seven times. In the seven breast-fed children, there were no venous hums present. One who had recently had a severe attack of measles had a functional murmur.

TOPICS OF PUBLIC INTEREST.

Physicians of Erie County Oppose Osteopathy Bill.

A MASS meeting of physicians was held Saturday evening, April 15, 1905, under a call of the Buffalo Academy of Medicine, which read as follows:

BUFFALO ACADEMY OF MEDICINE.

A special meeting of the academy will be held at the academy rooms, Public Library building, on Saturday evening, April 15, 1905, at 8.30 o'clock.

All physicians of Buffalo are invited to be present.

There is at present a bill before the legislature to license the practice of osteopathy in this state. Radical steps are required to prevent the passage of this bill.

It is the duty of every physician to attend this meeting and show where he stands in this matter.

Our representatives at Albany have been invited to attend this meeting.

EDWIN A. BOWERMAN, M. D., Secretary. ARTHUR W. HURD, M. D., President.

Pursuant to the foregoing about 100 members of the profession, without regard to school or affiliation, assembled at the appointed time and place. In the absence of the president of the academy, Dr. Edward R. McGuire called the meeting to order, stating its purposes, and remarking that the object being outside the province of the academy, a chairman should be named from the profession at large.

Dr. H. U. Williams, of the university faculty, nominated Dr. William C. Phelps, who was unanimously elected chairman. On taking the chair Dr. Phelps stated that the meeting was called to protest formally against the bill to legalise the osteopath. He said that everything that the people of Buffalo could do to stop the passage of this bill should be done.

Dr. Charles G. Stockton, having been called upon by the chair, explained that the bill under discussion originally introduced in the state senate by Senator Davis, after having been amended, or pretendedly so, the result of hearings and conferences, had been reported out of committee and was now on the senate calendar with the probability of being voted on early next week.

Dr. Stockton then requested Dr. Hopkins, who was more familiar with the bill since it had been so complicated by so-called amendments, to read its essential sections. Dr. Hopkins complied with the request and also read from sections of the public health law, showing inconsistency between the two measures.

Dr. Stockton, resuming, said the chief aim of the osteopaths is to become legalised practitioners of medicine. That is the main object of the bill. I think the bill is absurd and should be defeated by all means. The impression prevails in Albany that the osteopaths have consented to amendments which remove our objections to the bill, but this is an entirely mistaken notion. The bill has gone to a third reading and is very likely to pass and go to the Governor, with the impression that the physicians of the state do not object to it in its present form. But I feel that we should object to it in its present form far more strenuously than we did to the original bill. The bill provides no age requirement, no moral character test, no preliminary education, no professional acquirements of any kind for those now in practice.

Dr. Stockton branded the whole measure as absurd and said further that the amendments only made it the more so. "The impression seems to prevail among the members of the assembly," said Dr. Stockton, "that the physicians, or the majority of them at least, do not object to the measure, but such is not the case. Only by united efforts can we defeat the bill." In closing, he read a memorial to the legislature protesting against the passage of the bill in question and moved its adoption.

Dr. Charles Cary seconded the motion, and said: We all disapprove of this bill. I regret very much that the members of the legislature, invited as guests to be present at this meeting, have not appeared. Those who have watched the growing restrictions which have been placed on physicians would extremely regret to see this door thrown open in this way. It would be a crime in my opinion and an absolutely retrogressive action on the part of the state. I think the bill is most vicious and should receive our most hearty condemnation. I cannot express myself too strongly on the subject.

Dr. Walter D. Greene, health commissioner, said: We are all of the same mind. I am very sorry that some of our legislative representatives are not here. It certainly could not help but have an influence upon them, because of the large number of physicians who are here tonight, representative men of the medical profession without regard to school. I wish to add my voice and influence toward the defeat of this bill. I think some of our representatives in this county are pledged to it, and it would

be impossible to get them to vote against it. If it passes both houses, I think that our efforts should be entirely centered upon the Governor, who I believe could be made to see quite clearly the fallacy of the law which would permit the practice of medicine without proper training.

The chairman said: There is a petition being circulated about the room, containing Dr. Stockton's preamble and resolution, which it is desirable that every one present should sign.

Dr. Frederick H. Millener said: I am glad that there are so many here tonight to oppose this bill, for it seems to me that there are a good many of the newspapers, including some of the medical journals, that are in favor of the bill. They are seeking to make a business of the practice of medicine without knowing or caring to know what is in it, which reminds me of the bible I saw the other day in the court house carefully sewed up in white cloth, and used to swear witnesses upon, who probably knew nothing and cared less what was in it. It was simply a business matter. I am against this bill, and in favor of these resolutions.

Dr. F. Park Lewis said: It is hardly conceivable that a bill so vicious in its intent could ever receive the endorsement that it seems to have received on the part of the legislators of this state. It is a matter of very grave importance, not alone to the profession, but to the entire citizenship of the state. It means that a large number of thoroughly unqualified men are to be admitted to all the privileges of qualified physicians, and that the struggle we have all passed through in raising the standard of medicine is to go for naught. It does not seem possible that it can pass and yet from intimations that have come to us it looks as though it is a very grave danger with which we are threatened. I take great pleasure in endorsing the resolutions, and I trust that a united effort may be made to prevent the passage of this thoroughly vicious bill.

Dr. Ernest Wende said: I do not care to express my feelings; but if a man wants to practise osteopathy, vitapathy, Christian science or some other fake, I think he could do it with a good conscience if he was legalised. He would not rub where drugs were indicated, he would not pray to remove organic diseases. I certainly oppose the bill. Upon the plea that blacksmiths and barbers have been licensed, the osteopaths also want to be licensed. If the osteopaths are licensed, why every trade will have a right to be licensed, and we will have no practitioners qualified to practise medicine. I hope that argument and common sense will prevail in the legislature.

Dr. J. W. Grosvenor said: Of the osteopaths who are practising at the present time, they are either legal practitioners or they are not. If they are not, they are asking to be legalised without meeting the requirements of the medical law governing the practice of medicine. They should be required to pass the same standards that we have all had to pass. They are asking for class legislation pure and simple. I believe we have good grounds for strenuously opposing the bill. Personally, I am most heartily in sympathy with the protest against the passage of this bill.

Dr. Henry R. Hopkins said: I have appeared in Albany already in opposition to this bill, when some member of the committee asked if it was not a fact that we were opposing the bill because we were jealous of these osteopaths and feared that they would get our business away from us. That represents the high level—are there any reporters here? (A voice, 'Yes'). Good, that gives me further confidence. The first thing that we must do is to get the fact impressed upon the people that, viewed from a purely mercenary standpoint, of all men on earth the medical profession are the only people who can welcome the osteopath and the fakes of all kinds, because they always bring grists to our mill, the maimed to be healed and the sick to be cured. But, happily, we are actuated by loftier purposes.

There is one other fact that is exceedingly important that we should get into the public conscience, because we are here pleading for the upholding of the public health and the cause of preventing sickness. And the public throughout the state thinks it is simply an academic question which amounts to little or nothing. That may seem an extravagant statement, but it is true. The legislators are alert when the question of a few dollars is involved, as witness the wrangle over the amendment to the bill regulating savings banks investments, but when it comes to licensing two or three thousand persons to take the whole responsibility of treating acute diseases they, or some of them, seem indifferent to the training necessary to meet such weighty responsibility. Last year we had in this state 12?,000 unnecessary deaths. Does it not require the highest training to cope with such an enormous problem as this fact presents?

This is a great crisis in the history of the state from which it is possible for the medical profession to save it, save it from the intolerable disgrace of having put on its statute books a law which says that the people of the state, in the intelligence of the twentieth century, declare to the world there is no such thing as medicine or surgery; and that is what this bill declares. We will license people to take care of the sick, but say to them, do

not practise medicine or surgery. In all seriousness and solemnity there never before was a time when it was possible to save the great state of New York from more terrible degradation,—a disgrace which will make it the laughing stock of all the intelligent people of the world.

Dr. Conrad Diehl, former mayor, remarked: I have listened with a great deal of interest to what has been said. I think we should do all that lays in our power to kill this bill. We owe it to our clientage. I feel that it is our solemn duty to the public. It would be a disgrace to allow these men who have no education whatever to go out among the sick and practise at their will. Dr. Diehl said the osteopaths were great advertisers and that through their advertisements, something not resorted to by legitimate physicians, they would gain many patients.

Dr. James M. O'Neill made a brief address against the measure and then read a prescription that had been given by an osteopath only a day or two before to a woman patient. The prescription called for several different drugs. That, Dr. O'Neill said, was contrary to the teachings even of osteopathy and if they were doing this already what would be the results after the passage of the Davis bill? He also cited a case of tubercular disease of the elbow joint that had been manipulated by an osteopath, causing extensive suppuration above and below the joint, which Dr. O'Neill had treated afterward by surgical intervention.

Dr. Matthew D. Mann said: I wish to call attention to the extreme unfairness of this bill to the medical colleges. The state now enforces the law that every man in order to practise medicine, shall have studied four years, taken a prescribed course of lectures, and passed examinations in certain subjects. Medical colleges have invested millions of dollars, and practitioners have invested very large sums of money and spent their time as well in complying with these advanced standards. And now the state proposes to pass a law admitting a lot of men who have not complied with any of these laws, who have not studied for four years, nor done anything that the law says the rest of us must do, allowing them to practise medicine and making them equal to those who have met these very proper conditions. It is radically wrong and entirely unfair to the medical profession. If a man wishes to practise osteopathy let him take his four years' course and otherwise comply with the present medical practice law, and then he may practise osteopathy if he desires.

Dr. Bernard Bartow said: The public does not demand this measure. It is simply a demand for legislation by a class that

expects to receive the benefits. And it is a mistake from every point of view.

Dr. A. L. Benedict: If the osteopaths want to organise and be legislated about, it seems to me that they should have that privilege, the same as the barber, the manager of a Turkish bath or a plumber or anybody else; but we should limit our attention pretty closely to that section of the bill in which the limitations of the osteopath are set forth, and see that their powers are safely and properly limited. There should be sufficient exclusions in the bill to protect the people. For example, they should not have the power to sign certificates of birth, death or contagious diseases.

Dr. Lucien Howe said that he thought it was puerile to pose as benefactors of the human race in opposing the bill. It looks queer, and is likely to queer the influence of the medical profession with the legislators. He felt that it would be an unfortunate bill if passed, and that its effect would be to greatly lower the general tone of the medical profession. He urged that direct personal efforts should be made with the Erie county legislators, especially Senator Davis, the father of the bill, to convince them of the injustice and error of the bill.

Dr. Stephen Y. Howell made a forceful address in opposition to the bill in all its essentials, urging immediate interviews with the Erie county representatives as well as the employment of all reasonable means to inform the members of the legislature throughout the state of the attitude of the profession toward this bill. The course pursued should be firm, dignified, and prompt.

Dr. William C. Krauss indicated the importance of personal and other appeals, in addition to our own senators and assemblymen, to Senators Stevens, l'Hommedieu, and Fancher; to Speaker Nixon, and in particular to the Hon. James C. Sheldon, chairman of the assembly committee on public health. He felt sure that these gentlemen would listen attentively and respectfully to any such appeals, and that such action assuredly would prove of great benefit.

Dr. William Warren Potter said: All the professions except divinity are under the supervision of the board of regents. To ask that board to administer a law that deals with osteopathy, which is only a kind of mechanical treatment, similar to massage, seems to me to be giving that learned body of men a low order of work. It reduces the dignity of the state education department and places it at a disadvantage. It was never intended that it should supervise the licensing of barbers, plumbers or

massagists,—all respectable callings, but not requiring higher education. The standard of medical education now reached in this state, and to obtain which the profession struggled so long against a high tide of opposition, should not be lowered, nor should it be endangered even by attaching such duties as this bill contemplates, to the regents of the university.

To become a physician and practise medicine in the state of New York it is required that the candidate be 21 years of age, of good moral character and a student at a medical college for at least four years. Now, if the osteopaths wish to come through that door, there can be no possible objection. A physician properly educated in the essential branches of medicine will not be likely to go wrong in therapeutics.

Remarks of like tenor were make by some others, and then Dr. Mann moved to refer the memorial and protest to a committee to embody in it any suggestions of importance which the discussion had developed, and to send it to the legislature with the signatures of those present attached, and any others that could be secured in season to become effective. The chair appointed Drs. Charles G. Stockton, F. Park Lewis, and Henry R. Hopkins to complete the memorial and protest in accordance with Dr. Mann's motion.

The memorial and protest as amended and sent out reads as follows:

TO THE LEGISLATURE OF THE STATE OF NEW YORK.

Senators and Members of Assembly:

We, the undersigned physicians of Buffalo and Erie county, present at a meeting held Saturday, April 15, 1905, at 8.30 p. m., at the chambers of the Buffalo Academy of Medicine, having carefully considered the amended senate bill (third reading No. 441), which has for its chief purpose the licensing of several thousand so-called osteopathists now practising medicine in the state of New York,—giving them legal power to practise in all branches of medicine, with restrictions only as to methods of treatment and admitting these men and women of little training, that little being for the most part erroneous and dangerous in character, hence worse than no training, to the privileges of physicians,—desire to enter our protest against the passage of this bill.

We observe that the bill in question permits all so-called osteopaths to sign birth and death certificates; to practise obstetrics and gynecology; to care for eye, ear, nose and throat troubles, as well as heart and lung diseases, including the great army of the tubercular,—which physicians are only just succeeding, through a campaign of education and the liberality of the legis-

lature, in helping to a proper prevention and cure; to direct and manage the insane and mentally defective; to take part in the control of contagious and infectious diseases; to care for the many sick children, who even now from unscientific feeding, go to swell terribly our mortality rate; and to do harm through their ignorant blundering in numberless other ways.

We regard the University of the State of New York,—the education department,—as being the administrative head of the professional education interests of the Empire State, and believe it should not be humiliated by having added to its otherwise dignified duties, the responsibility of controlling interests, conducted on commercial lines, that are foreign to its purposes and beneath its high office.

The osteopath is already a physician or he is not a physician; if he is a physician he needs no class legislation such as is proposed by this bill; if he is not a physician the door already is open to him to become one through the public health law; otherwise, he should not be permitted to assume the duties and privileges that belong to the profession of medicine.

We regard the bill not only as being a menace to the public health, but as a serious embarrassment to our aims in raising the standard of professional qualifications as well as a measure so bad in its effects and even so criminal in its possibilities, that we feel impelled to denounce it and we call upon the elected representatives of the people of the state of New York in senate and assembly to labor for its sure defeat. As amended it is even more objectionable than in its original form.

The following resolution, embracing the essentials of this protest, was passed at the meeting by unanimous vote:

Resolved, That the physicians of Buffalo and county of Erie, whose names are hereunto attached, regardless of school or affiliation, denounce Senate bill (third reading No. 441, etc.) known as "An act regulating the practice of osteopathy in the state of New York," as a pernicious measure. We believe that its passage would lead to evils so great as to be criminal in character; we recognise that its main object is to legalise the practice of the thousands of osteopaths now practising in this state, rather than to provide for the education of others in the future, and we respectfully, but most positively and forcefully request the representatives of the people of the entire state in senate and assembly to exhaust all reasonable means to defeat the aforesaid bill.

We present this petition and urge this protest without prejudice against the osteopath personally and altogether aside from the merits or demerits, if there be any such, of the system employed.

(Signed)

Chas. G. Stockton,
C. C. Frederick,
Bernard Bartow,
W. C. Phelps,
Edwin A. Bowerman,
E. R. McGuire,
Charles Cary,
J. M. O'Neill,
Matthew D. Mann,
Henry N. Miller,
Gordon Potter,
Regina Flood-Keyes,
A. R. Satterlee,
Frederick H. Millener,
Walter D. Greene,
A. W. Bayliss,
Irving P. Lyon,
L. O. Thoma,
Henry P. Frost,
Chas. P. Eller,

E. S. Wilson,
Arthur G. Bennett,
George J. Haller,
J. B. Croff,
Louis J. Beyer,
Irving M. Snow,
G. R. Trowbridge,
Francis W. McGuire,
F. Park Lewis,
J. S. Smith,
Eugene A. Smith,
Theodore M. Leonard,
H. R. Trick,
Francis M. O'Gorman,
Eli H. Long,
Herbert U. Williams,
J. W. Grosvenor,
DeWitt H. Sherman,
William Warren Potter,
Stephen Y. Howell,
Wm. C. Krauss,
L. J. McAdam,
A. J. Colton,
H. R. Hopkins,
Ernest Wende,
E. H. Tweedy,
L. E. Curtice,
Charles S. Jewett,
G. A. Himmelsbach,
Renwick R. Ross,
Lee Masten Francis,
William T. Getman,
Burton T. Simpson,
Edward G. Mann,
Conrad Diehl,
Wm. G. Ring,
E. J. Cook,
Maud J. Frye,
Wm. Ward Plummer,
Nelson G. Russell,
Thomas J. Walsh,
George W. Seitz,
Charles E. Abbott,
Willis G. Gregory,
Charles Weil,
W. F. Beck,
T. H. McKee,
H. C. Rooth,
Julius Ullman,
Albert E. Woehnert,
F. B. Rasbach,
A. L. Benedict,
Thomas F. Dwyer,
W. Harry Glenny,
H. R. Gaylord,
James W. Putnam,
Gustav A. Pohl,
W. H. Macey,
John B. Frisbee,
James Stoddart,
M. Hartwig,
Jacob S. Otto,
Charles A. Clements,
Franklin W. Barrows,
J. C. Wheeler,
Lucien Howe,
E. D. Putnam,
R. Langford Patteson,
Alex. Allan,
F. A. Burghardt,
R. Kimpton,
G. H. Westinghouse.

The following names of physicians unable to be present were secured to this petition and protest after the adjournment of the meeting:

B. J. Maycock,
J. T. Cook,
D. B. Stumpf,
Geo. R. Stearns,
E. P. Hussey,
Geo. R. Critchlow,
Fred D. Lewis,
Geo. T. Moseley,
DeLancey Rochester,
N. L. Burnham,
Roswell Park,
E. L. Bissell,
Henry W. Lattin,
Jane W. Carroll,
Electa B. Whipple,
Mary Huntley,
Mary I. Denton,
Jane N. Frear,
Lillian Craig Randall,
Cora B. Lattin,
Marian Marsh,
Frederick Parmenter,
Herbert N. Squier,
Victor M. Rice,
D. W. Harrington,
Henry R. Lohnes,
Robert F. Sheehan, Jr.
Lesser Kauffman,
E. J. Gilray,
Douglass H. Smith,
J. R. Ferguson,
John L. Van de Mark,
E. M. Anderson,
H. M. Seltes,
Leonard Reu,
Robert Mehnert,
Katherine Munhall,
Frederick S. Brickell,
John Parmenter,
Claude S. Johnson,
Marshall Clinton,
Thomas B. Carpenter,

Myrtle A. Hoag,
Eva Mead,
Ward Saltsman,
F. J. Carr,
J. H. Carr,
C. J. Carr,
A. F. Zittel,
Nelson W. Wilson,
Allen A. Jones,
A. A. Hubbell,
Chauncey W. Grove,
John F. Fairbairn,
Glenn L. Whiting,
John G. Morris,
John C. Plain,
John H. Burke,
Herman W. Schlappi,
Elizabeth Schugens,
Lorenzo Burrows, Jr.

Dr. Roosa Asks that the Title of Doctor of Medicine be Safeguarded.

At the annual dinner of the Society of Medical Jurisprudence, March 11, 1905, at the Hotel Astor, New York, Dr. D. B. Saint John Roosa made a plea for the safeguarding of the medical profession against an invasion of people who were trying to obtain a legal right to the title of "doctor," without the years of study and labor by which a regular physician obtained his degree. There was room for coöperation between the physicians and lawyers in preventing this, he said. "Opticians, massage persons and osteopathists," he declared, "had no claim to the physician's distinctive title."

The country was all wrong on its educational system, he continued, particularly as to physicians. There seemed to be a conspiracy among the heads of educational institutions to drive physicians from all part in college life, he said, because of the length of time necessary to pass through a college training, as the intended physician could not afford to take four years for college and many other years for medical training and hospital work. The English academic system should be abolished, he suggested, and the German training substituted. He further said:

A physician must have a degree conferred on him by a recognised institution, and then must pass the examinations prescribed by the state board before he is allowed to practise. If these people are allowed to assume the title of "doctor," without having gone through the preliminary years of study and labor which we have had, what will become of the profession? A man goes to Albany, and because he knows about the fitting of glasses thinks he ought to be called doctor. Yet there never was a discovery made about the treatment of the eyes which was not made by an oculist. There are our friends, the massage artists and the osteopathists. Why—you might as well admit the seventh son, who has mystical healing power, or the man who cures

heart disease by dislocating a vertebra in ten seconds. You lawyers owe something to our profession,—stand with us in this; see that what we have acquired by hard work and study,—the right to practise medicine,—is not taken away from us.

Paper Milk Bottles.

A SANITARY REFORM WHICH PROMISES MUCH.

CONSUMERS of milk who have come to appreciate the value of purity and freedom from infection, will be interested in an idea that originated in Philadelphia. Every one who has studied the matter carefully knows that there are several ways in which milk may become contaminated. If the dairy farm is an ideal one, if the fluid is promptly cooled, if its temperature remains low during the period of transportation, if the city dealer into whose hands it passes on arrival is both honest and intelligent, there still remains a source of possible mischief. Some of the milk which is bottled before distribution may be injured by a lack of thoroughness in cleaning the glass receptacles after previous use. It is against that particular piece of carelessness that it is now proposed to guard by discarding the present style of bottle altogether and replacing it with another, which, like the cheap wooden plates sometimes provided for picnics, shall be used only once. The new bottle is to be made of heavy paper or pasteboard, manufactured out of spruce pulp. Dr. A. H. Stewart, bacteriologist of the board of health in Philadelphia, conducted a series of tests with it, and reports approvingly upon its qualities.

Several previous attempts to make a paper bottle have failed from various causes. One trouble resulted from moulding the article out of pulp, and another from the thinness of the finished product. Again, the flavor of the wood would sometimes be imparted to the contents, and the cost of manufacture was high enough to be objectionable. In the latest experiment most of these difficulties seem to have been overcome. The bottles are stamped out of heavy three-ply paper, and a conical shape is given to them to facilitate packing for shipment in nests. The bottoms have a double thickness, and their edges are locked in such a way that pressure from above adds to their strength. It is said that a weight of two hundred pounds may be put on a bottle without crushing it. The cover is stout, and has protruding lips for convenience in removal. Glue is used in fastening the overlapping edges of the body, but a coating of paraffine prevents it from affecting the taste of the milk and renders the bottle waterproof. Sterilisation by exposure to a temperature

of 212° F. is the final operation to which the receptacle is subjected. It is intended to have half pint, pint and quart sizes.

Dr. Stewart sent to each of several Philadelphia milk shops a bottle of the new kind and one of the old sort, with a request to fill both and send to him. On receiving them he put them on ice. Very often the glass bottle would show signs of leakage, but the paper bottles used remained perfectly tight. In every instance fewer organisms were discovered in the paper bottles than in the glass ones, the ratio being about 1 to 4. He found that "certified" milk kept two days longer in the paper bottles than in the glass ones. How faithfully these results would be parallel if the new device came into general use commercially is not easily predicted, and it is impossible to say what unforeseen defects it may yet develop. Dr. Stewart is highly enthusiastic, however, and on the strength of his verdict a company has been organised to manufacture the paper bottles. Within a few months, Dr. Stewart says, it will have ten machines in operation, each producing 20,000 bottles a day.

Advocates of the new scheme insist that it possesses many minor advantages. A paper bottle weighs two ounces, whereas the glass one holding a quart weighs twenty-four or more.

The carrying capacity of a delivery wagon would be greatly increased,—almost doubled, they say,—because the driver would have no old bottles to collect. The dealer would be subjected to no loss through breakage or the stealing of empty bottles. The wholesale cost of glass bottles is about three cents for pints and five cents for quarts. It is estimated that the paper bottles will cost not more than $8 or $10 a thousand, or not to exceed a cent apiece. In view of the compensations which are expected to attend their use, Dr. Stewart thinks that milk dealers would not be warranted in raising their prices in consequence of substituting the new bottle for the old. However, one important effect which he anticipates from the innovation is that the operation of bottling will be transferred from the headquarters of the city dealer to the dairy farm. Heretofore the danger of breaking during shipment has been a formidable obstacle to such a change, which is extremely desirable from sanitary considerations, and possibly that obstacle may now be removed.

The operation of washing returned milk bottles is today conducted with various degrees of thoroughness. In instances, no doubt, it is well done. Nevertheless, many shocking stories, which probably have a good foundation, are told about the carelessness of lazy drivers of city milk wagons. It is said that they often refill dirty bottles without cleaning them at all. Even when the bottles are brought back to the milk shop to be refilled, the

task of preparing them for fresh service is often performed so negligently that they might as well have been let alone entirely. Obviously, if a milk bottle is discarded forever after doing duty once, there cannot be any risk to health from this source.—*The Tribune.*

Municipal Dentists.

Municipal dentists are appointed and paid for by many of the large towns and cities of Germany. In Strasburg, for example, 2,666 children were examined last year, 699 teeth were filled and 2,912 were extracted. The method of work is simple. The teacher brings his class to the dentist, who examines each mouth quickly and marks on the card each child has brought whether treatment is necessary. If so, the child must come again on a Saturday. Russia is also joining in this movement, and has already fitted up nine such institutions in Saint Petersburg alone. And why not, or rather why so late in coming, one might ask. If it is true that, generally speaking, good teeth are necessary to good health and long life, and if, also, a large and growing proportion of citizens has not good teeth, then it follows that the fact is one of public concern. Is it not, for instance, of as much importance to the community that workmen should have good masticating and digesting powers as that there should be $20,000,000 city halls, public parks, expositions, etc. This little, or large, realisation of preventive medicine has so far got into our American minds that we have ordered the soldiers' teeth to be attended to and his governmental service by so much enhanced. But the soldier is at last paid by the civil worker, and as to his teeth and service we are entirely indifferent.—*American Medicine.*

ABSTRACTS.

Glycothymoline as an Oronasal and a General Antiseptic.

David Walsh, Senior Physician to Western Skin Hospital, London (*Medical Press and Circular*), remarks that it is only by slow degrees that medical men as a profession are learning to realise the important part played by bacteria in the cavities of the nose and mouth. One sign of this appreciation may be found in the fact that washes and gargles for the mouth and throat are being more and more adopted in everyday practice. The

systematic use of such applications, however, so far as the nostrils are concerned, is for the most part still confined to specialists. One reason for this comparative neglect of a simple method of treatment by general practitioners has, no doubt, hitherto lain in the difficulty of obtaining a safe and at the same time, an efficient antiseptic and cleansing fluid for the mucous membranes in question.

Glycothymoline was brought to my notice lately as an excellent lotion for nasal and oral sprays and washes. On due inquiry it was found to fulfill the conditions usually recognised by medical men in the United Kingdom as vouching for the character, so to speak, of such a preparation; its composition is not a secret, its formula being freely published. Under these circumstances, I determined to try the effect of this preparation in a few suitable cases. As a general antiseptic fluid that does not coagulate albumin and is nonirritant, deodorant and practically nonpoisonous, glycothymoline has clearly a wide range of usefulness. My own observations, however, have been practically limited to its use in the nose and mouth, with results that have proved satisfactory in every instance, especially in acute coryza, pharyngitis, influenza and septic conditions of the mouth.

In glycothymoline we have a good and safe application in all septic conditions of the mouth, throat and nose. It seems not improbable that in the near future medical men will attend more than they have done hitherto to the mucous membranes of the upper respiratory tract in influenza, measles, scarlatina, chronic and acute coryza, whooping-cough and other infectious ailments. Postnasal catarrh—that plague of modern civilisation—has never been adequately attacked by the general practitioner. Carious teeth, again, another defect of civilisation, are apt to damage the general health considerably. In both these conditions glycothymoline will be found a safe and effective remedy well worth a careful trial in practice.

Lactate of Beta-eucain.

H. Bert Ellis, Professor of Ophthalmology, University of Southern California, Los Angeles, read a report on "The Use of Beta-eucain Lactate in Eye, Nose and Throat Work," before the Los Angeles County Medical Association, February 3, 1905, (*California Med. and Surg. Reporter*, March 5, 1905,) in which he said: I have been using 1? per cent. solutions of the lactate of beta-eucain to anesthetise the mucous membrane in making diagnosis of nose, throat and ear troubles. It does not disturb the circulation nor shrink the tissues, so that the tissues may be

seen with the probe while in their natural condition. For removing portions of the turbinated bodies I use a tampon of cotton saturated with 12 per cent. solution, allow it to remain five minutes, replace it with another and allow it also to remain five minutes. Then, ordinarily, the parts are ready for operation.

When spurs of the septum are to be removed, after using the lactate as above, I put in a tampon saturated with epinephrin 1-10000, so the tissues will be shrunk as much as possible. Epinephrin may also be used in combination with the lactate when operating on the middle turbinated bodies or the ethmoidal cells.

A 5 per cent. solution of the lactate of beta-eucain, when dropped into the conjunctival sac, causes a more decided smarting than does a 4 per cent. solution of cocain, but it creates neither hyperemia nor anemia and it has the decided advantage over cocain that it in no way disturbs vision, having neither cycloplegic nor mydriatic action. The anesthetic effect is excellent and quite equal to that of a 4 or 5 per cent. cocain solution, and it produces no lesion of the cornea.

By infiltration the following will in the course of thirty minutes effect an anesthesia which lasts three or four hours. There are no depressing effects, even if twice the quantity is injected.

R	Lactate of beta-eucain	gr. 4
	Sodium chloride, c. p.	gr. 12
	Sol. epinephrin (1-1000)	m. 10
	Distilled water	oz. 3½

Inject one-half for ordinary operations.

CORRESPONDENCE.

Letter from Portland, Ore.

The American Medical Association at Portland—The City and its Environment—Hotel Accommodations for the Visitors—The Lewis & Clark Exposition—Dr. House and His Colleagues—University of Buffalo Graduates in the Northwest.

Editor Buffalo Medical Journal:

Sir—The approaching meeting of the A. M. A. in Portland, Oregon, July 11-15, may lend local interest to a letter concerning that meeting written by a former Buffalonian, who for the past five and one-half years has resided in or near Portland. If I need any further apology for intruding upon your space, I have it in the shape of numerous letters of inquiry concerning the states of Oregon and Washington from graduates of the medical college, and residents of the city of Buffalo.

It is to be hoped that every physician who can possibly get away will take advantage of the unusual opportunity to visit

the northwest, afforded by the approaching session of this representative body of medical men. Few there are, able to appreciate the conditions of a country so far from home without first visiting it, and I am certain that all who come to Portland will go away well pleased with their visit. Leaving out all, save mere mention of the scenic wonders to be enjoyed enroute, these two states will certainly prove a revelation to the beholder who, for the first time, enters their portals. Both Oregon and Washington are growing rapidly, new towns are springing up all over both states, and old ones enlarging in a surprising manner. On a visit, one must not fail to see Spokane, Seattle, and Tacoma, either coming or going, and enjoy their western hospitality. But in Portland, particularly, will most be found to repay the time and money expended on the long trip.

Primarily, Portland is a city which, since 1890, has added nearly one hundred thousand people to the population of fifty thousand, or thereabout, at that time recorded by the United States census. It is situated about six miles from the Columbia on the Willamette river, a stream capable of giving passage to the largest of the transpacific vessels and accordingly forming a harbor of no mean value. And, by the way, if you do not wish to be regarded as a tenderfoot, by all means, pronounce it Willamétte, with the accent on the second syllable. Portland partakes more of the generally accepted character of eastern cities than its immediate neighbors, and is regarded as a conservative town, a term highly complimentary to my mind as, associated with the rapidly increasing population, it indicates stability in business and social life. The town is a good one in every sense of the word.

The American Medical Association will, I think, be well entertained. As an evidence of the generosity and character of the local medical profession, I am informed that within two hours after the financial committee began to ask for subscriptions to pay expenses, twenty-five hundred dollars was subscribed in lots of five hundred dollars each, from five out of the first six men approached. These men are, of course, among the leaders, but others have been liberal according to their means and it cannot be doubted that a very considerable sum will be raised for the entertainment of visitors. Hotel accommodations are being secured by a committee headed by our best known boniface, Mr. H. C. Bowers, of the Portland Hotel, and as new hotels are springing up like mushrooms, it seems assured that they will be ample so that no one need fear inability to secure rooms, especially if reservations are made in advance. Ample space for session meetings also seems assured.

By no means least amongst the attractions will be the Lewis and Clark Exposition. This has been compared to the Buffalo Exposition by hundreds of recent visitors to the grounds, for its scope is similar to that in size and purpose. Not so large as the

Saint Louis Exposition, it is far better arranged and visitors will find it prepared on beauty lines superior to any of the previous world's fairs. In two years a veritable fairyland has sprung up, putting to shame the tales of Aladdin's lamp. Compact, orderly, and beautiful in every detail, it would prove a credit to a far older community, and those who have the double opportunity of visiting both it and the American Medical Association meeting will regret it if they fail to come.

I have been so often asked in letters as to matters medical in the northwest that, for the benefit of those seeking locations, I would like to state a few facts concerning Oregon and Washington. The number of doctors averages about one to every four hundred and seventy population. This, of course, does not include the unregistered and irregular practitioners. Among the men are many able ones in every branch. The country towns are filled, in many instances, with young easterners who tarry for awhile, and then with eager and ambitious ideals, flock to the cities. Spokane and Seattle, particularly, impress one as being overfilled with men, all young, energetic and for the most part able. Portland, no less well supplied, has perhaps fewer young easterners and this is due to the fact that we have a medical college in this city, which turns out annually from twenty to thirty graduates, while the neighboring town of Salem adds another dozen or so from its school, and usually after postgraduate work in the east, these men return to fill every available opening. Notwithstanding all this, it seems that many men achieve success in these states, though I am sure that, except in the matter of somewhat better fees, the chances are not superior to those in the east.

Among the eastern men residing in the northwest, by an odd occurrence, there are three from my class, who alphabetically responded to class call in order in which they afterward came west: Heussy, House, and Howells. Heussy has achieved distinguished success as a general practitioner with special leaning towards obstetrics, and enjoys one of the best family practices in Seattle. Howells, as medical superintendent of the Eastern Washington Hospital for the Insane, near Spokane, is also not unknown to fame, while I occupy a somewhat humbler position as resident physician in a growing and prosperous private sanitorium for nervous and insane cases, medically managed by Coe, Gillespie, and House, which in the fulness of time, with the progression of my somewhat older colleagues to satiety in matters medical, I hope to change to House & Company.

Portland and Portland doctors, with me, hope to see many Buffalonians this summer, to all of whom a true "Western Welcome" will be accorded.

William House,
Class of '95, U. of B.

Portland, Oregon, April 17, 1905.

Letter from Chicago.

THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION ANNOUNCES THE COUNCIL ON PHARMACY AND CHEMISTRY.

Editor Buffalo Medical Journal:

SIR—I enclose a copy of the council on pharmacy and chemistry, a body created by resolution of the board of trustees of the American Medical Association at its last meeting. Technically, this is an advisory committee on ethical preparations as they relate to the advertising pages of the *Journal of the American Medical Association;* as a matter of fact, however, the functions of this council are more than this, for it will pass on preparations whether offered for advertisement or not, and those which are approved will be incorporated in the book, "New and Non-Official Remedies."

The need of a book of this character cannot be questioned. It is demanded in the interest of honest pharmacy and chemistry, but, above all, by physicians who need a work to which to refer for information regarding the character, reliability, etc., of the various preparations mentioned in medical literature, and brought to their attention in various ways, as well as to assist them in separating the secret nostrums from preparations which are honestly made and ethically exploited, and which are worthy of their recognition.

Thus there will be provided a consistent and equitable standard to which articles must conform to be acceptable for the advertising pages of the *Journal of the American Medical Association,* and at the same time a book of reference that will be of incalculable value to physicians. The same standard will also govern the mention of articles in the reading pages.

The members of the council are: Arthur R. Cushny, Ann Arbor; C. Lewis Diehl, Louisville; C. S. N. Hallberg, Chicago; Robert A. Hatcher, New York; L. F. Kebler, Washington; J. H. Long, Chicago; F. G. Novy, Ann Arbor; W. A. Puckner, Chicago; Samuel P. Sadtler, Philadelphia; J. O. Schlotterbeck, Ann Arbor; George H. Simmons, Chicago; Torald Sollmann, Cleveland; Julius Stieglitz, Chicago; M. I. Wilbert, Philadelphia; H. W. Wiley, Washington.

I am also enclosing a galley proof of an editorial which, with the announcement, will appear in the *Journal* next Saturday, March 4. We shall be glad to have you reproduce any or all of this, as you may desire. We hope the movement will receive your endorsement and support. Criticisms and suggestions are asked for.

GEORGE H. SIMMONS,
Editor *Journal American Medical Association.*

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 284 FRANKLIN ST., BUFFALO, N. Y.

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Advertisers and Advertising.

TO ADVERTISE or not to advertise is a burning question with many dealers, manufacturers, or importers of materials, drugs or preparations in which doctors are interested. Long established houses with large experience usually have adopted a principle regarding the question of advertising from which they are not likely to deviate, unless conditions change in a marked degree.

The business houses which have taken the field more recently are sometimes greatly perplexed as to what is best to be done,—whether to advertise on a large or a limited scale; whether to advertise at all; whether to place their advertising in the hands of an agent or to deal directly with the magazines. These questions are entirely apart from the ethical viewpoint and with which the present discussion has nothing whatever to do. We are just now concerned with the consideration of the best method for the advertiser, and in dealing with it we disclaim absolutely any personal or selfish aim, but present a few thoughts that have arisen from an observation extending over a period of several years.

We recognise that conditions are changeable and ever changing, that what will meet the necessities of today may be unsuited for the demands of tomorrow, and that no rule can be made so hard and fast as to apply to everybody. The discussion of some of these problems formed an interesting feature of a recent dinner of the Advertisers' Club of Western New York, at the Hotel Lafayette, Buffalo, and perhaps we cannot present the argument in any better fashion than to quote from the remarks of Mr. James

Rodgers, of Harper Brothers, who was one of the principal guests of the club. Mr. Rodgers has been at the advertising end of the Harpers's publications for 31 years and was full of enthusiasm about them. He exhibited and compared copies of the magazine every ten years from the first in 1850 to the May issue for 1905. He told much history, read some of the old advertisements, quoted the monthly's first editorial announcement of the magazine's intention.

"As to the comparative values of different size advertisements," said he, "I say that the half-page ad is three times as valuable as the quarter page, the full page four times as effective as the half, and two pages facing each other are five times as effective as one page."

He strongly commended "the right kind of an illustration." Various trademarks, features and pictures, now famous through persistent advertising, were mentioned and criticised. Some conspicuous successes were mentioned, with their advertising campaign outlined, also some business failures or comparative failures, with their advertising campaign.

The case of a great baking powder company then was brought up and Mr. Rodgers said that after years of thorough and continued advertising, the president called in the publicity chief and said: "Here, we're paying $650,000 a year advertising. It's too much. Cut it down as much as possible."

The publicist said: "No, don't do that. I know the end will be disastrous. Do not dare to take such a step. If you feel like experimenting begin with a part of your business, not the whole. Cut out, if you want to, the advertising in two Western States for a year and see what happens. If you're right about momentum carrying you along from now on, you can cut down the rest of the advertising.

The experiment was tried. There was a tremendous falling off of the baking-powder company's business in the two states and it was only after years of most extensive advertising in the same two states that a business was again built up there anywhere near its former magnitude.

Continuing, Harper's, said he, had only 116 pages of advertising in the whole twelve issues of 1884. Twenty-one years later, there are 153 pages of ads in one month's issue. From those and other comparisons he made, he concluded that railroading and other forms of profitable activity have not progressed in the same great degree that had the development of the magazine. Answering a question, Mr. Rodgers said he would not give a snap for circulation as compared with knowledge of the kind of people the medium reaches.

Reciprocity in Licensure.

THE subject of interstate endorsement of licenses to practise medicine has been discussed in these columns at appropriate intervals for years. Other journals have taken the matter up from time to time, correspondents have presented views, and the profession in general has become more or less satiated with the discussions in societies and in print. We have been silent on the question of late, because we have not observed any new thoughts of value or that offered any satisfactory solution of the problem.

The general belief among state medical examiners who have studied the question with care, is that uniformity in medical standards of education must obtain before there can be any substantial expectation of reciprocity. The action of the Medical College Association at Chicago a fortnight or more ago will have a tendency to expedite the reciprocal indorsement of licenses more than all the propositions that have been made in the journals in five years,—more than all the organisations of "reciprocating" boards.

Our attention has been drawn to this subject anew by the appearance of an editorial article in the *Fort Wayne Medical Journal-Magazine* for April, 1905, signed "M. F. P." This writer has stated the whole case so succinctly, so clearly and, withal, so conclusively that we take pleasure in reprinting his article, commending it to all interested:

RECIPROCITY.

To give a dollar for a doughnut is not reciprocity in the true sense. It may suit the man who gives the doughnut for the dollar but not the one who gives the dollar for the doughnut. The former may be quite willing to continue reciprocating in this fashion indefinitely, but the latter will soon grow tired. States which admit to their examinations only those who give evidence of having taken a thorough medical course in a first-class college after having had an adequate preliminary education, cannot be expected to reciprocate with states whose requirements are much below these. One of the first moves in the direction of medical reciprocity between the different states should be an agreement between them on a common standard of requirements. One might, at first thought, conclude that any state should admit to practise within its boundaries any one licensed by another state whose requirements were more rigid than its own, and certainly admissions under such circumstances would prove beneficial rather than otherwise to the people of the state thus admitting them, but the writer is inclined to the opinion that we are still

too human to thus tacitly acknowledge that our neighbors are better than we.

As against the plea for a common standard of requirements between the states it has been urged that it is not reasonable to require as much of him who desires to practise—say in Arkansas—as of him who desires to practise in New York. This argument is to the writer lame. If good, and followed to its logical conclusion, there should be several grades of requirements in each state, dependent upon the ability of the people of the community in which the applicant desires to practise, to pay for and to appreciate medical service. Next to "getting together," in the matter of requirements it should be kept constantly in mind that progress along this and all other lines of like legislation, will be rapid in proportion as we steer clear of partisan politics.

M. F. P.

The American Medical Association at Portland.

IN THE department of "Correspondence," elsewhere in this issue of the JOURNAL, we publish an interesting letter from Dr. William House, who will be remembered by many of our readers as a former Buffalonian, and one of our rising young physicians with whom we parted regretfully. But the luring attractions of the Northwest took him hither, and we have no doubt he has thriven in that newer civilisation.

The letter of Dr. House should be read by our subscribers and friends in general, and by those who contemplate attending the meeting at Portland this coming summer in particular.

In order that the trip to the meeting of the American Medical Association at Portland, may be enjoyed by the largest possible number of physicians and their families, and particularly by those whose professional duties make it necessary that the journey be performed in an expeditious manner, a special overland limited train is being arranged for, and a special party is being organised to leave Chicago via the Chicago, Union Pacific & Northwestern line the evening of July 6, 1905, to make the trip to Portland surrounded by every luxury that modern travel can provide, upon schedules occupying a little less than seventy hours en route.

It is not often that so congenial a party as this is available, traveling under such highly favorable surroundings for comfort and enjoyment of the trip. A description of the train and route will be furnished in circular form to those who desire, and every physician in Buffalo and vicinity who contemplates attending the meeting is most cordially invited to become a member of the party.

Arrangements have been made with the railways for the movement of this special overland limited train without any extra charge for the unusual service thus secured.

All interested should communicate with H. B. Loucks, Jr., general agent, C. & N. W. Ry., 301 Main street, Buffalo, N. Y., stating that the desire is to be included in this party and how much sleeping car space is required.

In making plans for the trip the contingent from Buffalo and Western New York should not forget that there is more than one route; indeed, whichever line is chosen outward bound, it is well to select another one for the homeward trip as all the railways grant this privilege. The Wabash offers special advantages to those who book from Buffalo, either direct to Kansas City and onward by the usual route; or, again from Buffalo to Chicago and thence to Portland, by whichever road may be preferred. One word of suggestion: whatever is done let it be done quickly, if comfortable accommodations are expected. Consult our advertising pages for information.

Osteopathy Bill Defeated.

AS THESE pages are being printed a press despatch is being sent out which reads as follows:

ALBANY, April 25.—The senate today by two votes failed to pass Senator Davis's bill providing for the state regulation of the practice of osteopathy, after a long debate, in which the introducer and Senator Grady led the defense and Senators White and Marks the attack.

Senator Grady recalled the day when homeopaths were called lunatics and said that the osteopaths asked nothing more than the state protection accorded barbers, blacksmiths, embalmers and chiropodists.

"All a man needs for the practice of osteopathy," said Senator Marks, "is a good set of muscles and a smooth tongue. You can get just as valuable treatment in a Turkish bath."

Senator Hinman argued that the proposed law would be an improvment, because at present any man could set up as an osteopath; but Senator White replied that it would be dangerous for the state to dignify by its supervision any but the recognised schools of medicine.

Senator Malby joined the opposition while Senator Brackett spoke for the bill.

The bill was lost by a non-partisan vote of ayes 24; nays 19. A legal majority requires 26 votes.

Senator Davis will make another effort to pass the bill later.

The *London Chronicle* tells this story: "She was a dreadful wreck when they brought her in to Saint Bartholomew's Hospital last evening. The youthful surgeon worked away upon her face with sponges and plaster and cotton wool, wondering aloud how she could have got into such a state. Clearly the woman had something to say,—but she could not say it. When the surgeon had made a job of it, he gently lifted the woman over an arm, and asked, 'How did it happen?' She raised a fist to shake over his shoulder, and cried furiously, ''E done it! 'E done it!—'im.' Turning his head, the surgeon could see the man, who had been standing just under the flaring gas jet, and watching the proceedings with the interest of a landed proprietor at a building operation. 'The brute!' muttered the surgeon, as he shifted the woman to her feet. She turned on him. 'Brute!' she shrieked through her bandage. 'You call 'im brute? And after he brought me all the way 'ere in his arms, Gawd bless 'im!'"—*The Tribune.*

Under Topics of Public Interest, elsewhere in the Journal, we publish an article on "Paper milk bottles." Everyone interested in obtaining pure milk will find it entertaining. Dr. Ernest Wende, during his administration of the health department of Buffalo, abolished the long tube nursing bottle because of its unsanitary condition. If, acting on similar lines, the glass milk bottle should be put out of service, it would be well.

Spinsters and others addicted to floriculture and the tending of house plants should be instructed that many flowers of innocent reputation heretofore, are now being scientifically arraigned as bearers of various kinds of infection. The China primrose is a great sinner in this way, and the *Bordeaux Medical Journal* presents a considerable number of cases of dermatitis caused by it. The chrysanthemum also comes in for a share of the arraignment, as also do several varieties of rhus, which are extensively used in this country as house plants, on account of their fine foliage. Some people, the article says, cannot even touch them without being attacked by eruptions. As the domestic parrot commonly decorates the domestic conservatory, flooding it with unrestrained and generally irrelevant conversation, it may be added that this bird is at times a disseminator of infectious disease also. The skin of those who handle and caress it breaks out into eruptions, the malady being diagnosticated as psittacosis, which sometimes takes on malignant symptoms, and the patient dies. Lovers of flowers and parrots will do well to take heed

PERSONAL.

Dr. E. C. Dudley, of Chicago, president of the American Gynecological Society, recently visited Buffalo, to attend a meeting of the council of that society, the object of which was in part to perfect plans for the annual meeting of the society at Niagara Falls.

Dr. Charles F. Durand, of Buffalo, has been appointed superintendent of the quarantine hospital vice A. T. O'Hara, deceased. Dr. Durand stood highest on the civil service list, from which the appointment was made and which carries a salary of $1,200 a year.

Dr. and Mrs. Dewitt C. Greene, of Buffalo, sailed for Europe from Boston, on the White Star steamer Romanic, April 22, 1905. They will be absent about three months.

Dr. A. A. Hubbell, of Buffalo, recently was admitted to Fellowship in the New York Academy of Medicine.

Dr. J. Henry Dowd, of Buffalo, has removed from 378 Franklin street to The Raleigh, 354 Franklin street. Hours: 9 to 1. Sundays, 2 to 4. Both telephones.

Dr. Lewellys Franklin Barker, of Chicago, has been elected by the trustees of Johns Hopkins University to be professor of medicine in that institution.

Dr. Henry C. Buswell, of Buffalo, has removed from 868 Main street, to 1342 Main street, near Utica.

Hon. Henry W. Hill, State Senator from the forty-seventh district (Buffalo) is making a three months' tour of Europe. He is accompanied by Mrs. Hill and expects to return about July 25.

Dr. William H. Marcy, of Buffalo, has been appointed surgeon to the fire department vice Dr. E. C. W. O'Brien, deceased. This selection was made from the civil service list to take effect May 1. The salary is $1,500 a year.

OBITUARY.

Dr. Julian Taintor Williams, of Dunkirk, died at his home April 10, 1905, aged 75 years. Dr. Williams was born at Dunkirk, November 15, 1829. He graduated at Fredonia academy and afterward entered Buffalo University as a student of medicine. He graduated at Vermont medical college, Castleton, in 1851, and at once began practice at Dunkirk, in which he continued for thirty years. He was twice a member of the state legislature, first in 1865, and again in 1885. He retired from practice some years ago and at the time of his death was editor of the *Dunkirk Evening Observer.*

Josephine Snetsinger, a graduate nurse, recently died at the Buffalo homeopathic hospital. The Buffalo Nurses' Association, of which she was a member, at a recent meeting adopted the following memorial:

Whereas, God in His infinite wisdom has taken from us to Himself, our beloved friend and associate, Josephine Snetsinger; and

Whereas, The Buffalo Nurses' Association has lost an honored and esteemed member, who ever gave unselfish and devoted service to advancing its interests and to promoting and maintaining a high ideal of nursing and of womanhood; and

Whereas, Her memory will always be an inspiration to her friends for loyal, painstaking and conscientious fulfillment of duty. Therefore, be it

Resolved, That the Buffalo Nurses' Association hold the memory of Josephine Snetsinger with sentiments of gratitude and affection; and be it further

Resolved, That a copy of these resolutions be spread upon the records of this association and a copy sent to the family and friends of our beloved associate; and also to the Buffalo Medical Journal.

Committee: Sylveen V. Nye, Louise Greenwood,
Adelaide Marsden, Beata Bowie.
Harriet D. Storck,

Col. Charles Smart, M.D., senior assistant surgeon-general United States army, died April 23, 1905, at Saint Augustine, Fla., aged 64 years. Dr. Smart served as assistant surgeon 63d regiment of infantry N. Y. volunteers, in which he was commissioned October 27, 1862. He was promoted to assistant surgeon United States army March 30, 1864, and assigned to duty as medical

inspector of the second army corps. He was present with the Army of the Potomac during all of its important campaigns, from the autumn of 1862 until the end of the civil war. He continued in the regular medical service of the army from his entrance into the same until his death, serving in several Indian campaigns, in the Spanish war and later in the Philippines. He was the fourth in rank of the colonels of the army of all corps and regiments at the time of his death, and was one of the best known and greatest respected officers of the medical corps. It is more than likely that Col. Smart would have become surgeon-general some time ago except for his impaired hearing, an infirmity caused by exposure in the line of duty.

SOCIETY MEETINGS.

The Buffalo Academy of Medicine held meetings during the month of April as follows:

Section on Surgery.—Tuesday evening, April 4. Program: (*a*) Congenital dislocations of the hip, Bernard Bartow; (*b*) orificial surgery: its absurdities, philosophy and merit, Herman Hayd.

Section on Medicine.—Tuesday evening, April 11. Program: (*a*) The future viewpoint and practice of infant feeding, Henry Dwight Chapin, professor of diseases of children in the Post-Graduate Medical School, New York City; discussion opened by Irving M. Snow; (*b*) the treatment of disease by means other than drugs, A. W. Bayliss. General discussion.

Section on Pathology.—Tuesday evening, April 18.—Program: Mechanical factors of urine formation, Torald Sollmann, Cleveland, O.

Section on Obstetrics.—Tuesday evening, April 25. Program: Cesarean section, Charles E. Congdon.

The Esculapian Club held its regular monthly meeting at the Hotel Touraine, Thursday evening, April 20, 1905, at 8.30. The host was Dr. J. B. Young. The paper of the evening was the presidential address of Dr. C. E. Congdon.

The American Academy of Ophthalmology and Oto-Laryngology will hold its next annual meeting in Buffalo, September 14, 15 and 16, 1905. The committee of arrangements is: Alvin

A. Hubbell, chairman; F. Park Lewis, Benjamin H. Grove, W. Scott Renner, of Buffalo, and Sherman Voorhees, of Elmira. The date has been changed from August 23-25, to that above mentioned.

The Buffalo Ophthalmological Club will hold its next meeting at Ithaca, May 3, 1905, as the guests of the nonresident members, Dr. Kirkendall, of Ithaca, and Drs. Case and Voorhees, of Elmira.

The American Gynecological Society will hold its thirtieth annual meeting at the Cataract House, Niagara Falls, Thursday, Friday, and Saturday, May 25, 26, and 27, 1905, under the presidency of Dr. E. C. Dudley, of Chicago.

COLLEGE AND HOSPITAL NOTES.

The University of Buffalo, medical department, Alumni Association will hold its thirtieth annual meeting Wednesday and Thursday, May 3 and 4, 1905.

The alumni who have medical and surgical services at the following institutions have signified their willingness to present cases of interest: Buffalo General Hospital, Hospital of the Sisters of Charity, Erie County Hospital, State Hospital for the Insane, Children's Hospital, German Hospital, Emergency Hospital, Providence Retreat, German Deaconesses' Hospital Woman's Hospital, Riverside Hospital, Eye and Ear Infirmary, Charity Eye, Ear and Throat Infirmary, Dispensary German Hospital, Dispensary Emergency Hospital, Dispensary University of Buffalo.

The classes of '55,'65, '75, '85 and '95 will meet in reunion.

All members of the association are requested to register as soon as possible after arrival. The registry desk will be in the main hall of the college building, where the detailed program for the two days may be found; members of the reception committee will gladly answer any questions relating to the various clinics and other features of the program.

The executive committee again urges all alumni to enroll themselves as active members of the association. The advancement and success of the University is a benefit to each alumnus and he should show his loyalty to his Alma Mater by furthering the good work by his attendance, efforts and contributions.

PROGRAM.

Wednesday, May 3, 1905.

10 a. m. to 12 m.—Clinics will be held in some of the above named institutions.

1 p. m.—The resident alumni will entertain the out-of-town alumni at luncheon at the University Club, corner of Delaware avenue and Allen street. Please send word to the chairman of the executive committee if you will be present so that proper preparation may be made.

3 p. m. to 6 p. m.—Clinics will be held in some of the above named institutions.

8 p. m.—The business meeting of the alumni association will be held in Alumni Hall, at which time and place the president will deliver his annual address and scientific papers will be read and discussed. Following the business session the faculty of the medical department will give a smoker in the University library.

Thursday, May 4, 1905.

9 a. m.—Clinics will be held in some of the above named institutions.

11 a. m.—The annual commencement exercises will be held in the Teck Theatre during which an address to the graduating classes will be given by Rev. Richard Earle Locke.

1 p. m.—Drs. Matthew D. Mann, Roswell Park, Charles G. Stockton, Charles Cary, Irving M. Snow, Herbert U. Williams and DeLancey Rochester will entertain the members of the alumni association at luncheon at the Saturn Club, corner of Delaware avenue and Edward street. An acceptance as early as possible should be sent to Dr. DeLancey Rochester, 469 Franklin street, Buffalo.

3 p. m. to 6 p. m.—Clinics will be held in some of the above named institutions.

7 p. m.—The annual dinner will be held in the Iroquois Hotel. The committee has taken great pains to secure an admirable list of speakers for this occasion as well as some other extra features. Tickets for the dinner will be $2.50 each.

Alumni Officers.—President, DeLancey Rochester, '84, Buffalo; first vice-president, Fridolin Thoma, '87, Buffalo; second vice-president, Henry T. Benham, '90, Honeoye Falls; third vice-president, Jane W. Carroll, '91, Buffalo; fourth vice-president, G. A. Himmelsbach, '91, Buffalo; fifth vice-president, C. J. Reynolds, '90, Buffalo; treasurer, H. K. DeGroat, '97, Buffalo; secretary, Thomas H. McKee, '98, Buffalo.

Trustees.—A. W. Henchell, '89, 1909, Rochester; A. W. Bayliss, '89, 1908, Buffalo; Robert P. Bush, '74, 1907, Horseheads; D. W. Harrington, '71, 1906, Buffalo; Frank H. Moyer, '72, 1905, Moscow.

Executive Committee.—Albert T. Lytle, '93, chairman; Grover W. Wende, '89; Franklin W. Barrows, '93; DeLancey Rochester, *ex-officio*; Eli H. Long, *ex-officio,* all of Buffalo.

Reception Committee.—Marshall Clinton, '96, chairman, Buffalo.

The Detroit College of Medicine will hold its thirty-seventh annual commencement Thursday, May 4, 1905, at 7.30 p. m., in the Light Guard armory. The Journal acknowledges the courtesy of an invitation to attend the exercises.

The College of Medicine, Syracuse University, has a four years' course of study. Its facilities for instruction are unusually good. They consist of a main building erected in 1896, containing a library of several thousand volumes, study and lecture rooms, and laboratories large, light, convenient and well equipped with the apparatus required in the study of the fundamental medical sciences. Its facilities also include access to three large hospitals and three institutions for purposes of clinical instruction.

McGill University, Montreal, announces the tenth annual postgraduate course of the faculty of medicine from June 5 to June 30, 1905. Special courses are to be given and each post-graduate student may select those which he prefers, paying only the fee, in addition to matriculation, of the courses selected.

Providence Retreat, a private hospital for mental and nervous diseases, is about to erect a new building which will be upon the most approved modern plans. The institution is owned and controlled by the sisters of charity, subject to the supervision of the state commission of lunacy. The new building will be located directly in front of the old one at Main street and Humboldt parkway, Buffalo, and will have a frontage on Main street of 402 feet. The center building will have a frontage of 48 feet, and will be 86 feet deep and five stories high. The wings are to be four stories high. The buildings are to be of brick and stone, with a tile roof. The interior is to be fireproof, the smallest possible amount of wood being used in its construction.

healing, and that in a phthisical patient with reduced vital forces. Two hundred mastoid operations were made previously, eight per cent. of which required secondary operations. Under these circumstances the author is justified in claiming that his innovations are not only judicious but essential.

After discussing the pathology of suppurative mastoiditis, Whiting describes the preliminary preparations for the operation, then the tegumentary incisions and constructions of the flaps; next, the elevation of the periosteum and the retraction and reflection of the flaps; then the construction of the initial groove-shaped opening in the mastoid cortex; next, the construction of successive cortical grooves parallel with the initial groove; then the determination of the situation and dimensions of the antrum and the exposure of that cavity; next, the removal of the mastoid tip; then the removal of the mastoid cortex and cells overlying the sigmoid groove; the removal of the cells at the posterior root of the zygoma; the cleansing of the wound and the approximation and stitching of the flaps; the dressing of the wound and the application of the bandage; and, finally, the post-operative care of the mastoid wound. To each of these separate steps a chapter is devoted and each is also separately and superbly illustrated.

The last two chapters but one are concerned with the indications for the mastoid operation, including differential diagnosis; and the enumeration and description of the instruments required for the mastoid operation. A brief chapter is added giving conclusions, and a well prepared index closes the volume.

The author has given the most carefully prepared description and illustration of a single surgical procedure with which we are familiar. It is elaborately printed on number one book paper, with half-tones and drawings delineating the several details with remarkable precision,—the whole being a credit to American surgery and authorship. The perfection and beauty of the mechanical construction of the book entitle it to take rank as an *edition de luxe*.

Saunders's Medical Hand-Atlases. Atlas and Epitome of Operative Ophthalmology. By Dr. O. Haab, of Zurich. Edited, with additions, by George E. de Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. With 30 colored lithographic plates, 154 text-cuts, and 377 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1905. (Cloth, $3.50 net.)

Professor Haab's atlas and epitome of operative ophthalmology is the latest to appear in Saunders's reproductions of the medical hand-atlases of Lehmann, of Münich. In accuracy, pictorial beauty and compactness it is equal to any number of the series. It is a work more or less elementary in character, the first part dealing with the general consideration of hospital wards and operating rooms, anesthesia, antiseptics and asepsis, bandaging, disinfection and eye instruments; the second part, with all

the important operations on the eye. In a concise manner it tells the student how to perform these operations, and accompanying this description are 154 text-cuts and 30 colored lithographic plates of most beautiful execution, which serve to make clear the author's ideas and his technic. To those who know the distinguished author personally, it is not necessary to speak of the painstaking and scientific character of the work; but to those who do not know him, it may be said that the subjects are treated with unexcelled clearness and accuracy. The teachings and technic are those of an experienced and skilful operator, and the faithfulness of description does not omit the minutest details of every important operation on the eye, including the after-treatment. Our own distinguished countryman, Dr. de Schweinitz, has had the editorial charge of the American edition, and this is a sufficient guarantee that the author's meaning has been carefully presented. He has also added some comments, and described a few operations not mentioned by Professor Haab, all of which contribute to the value of the book. While, as the author says, "The text has been condensed until it contains only what is indispensable," yet it is sufficiently extended to make it one of the best works on operations of the eye that can be placed in the hands of beginners in ophthalmological practice, especially of those who may not have the opportunity of frequently witnessing operations on the eye as performed by others.

This atlas is a fitting companion to the two previously published by Professor Haab—namely, that of "Ophthalmoscopy" and that of "External Diseases of the Eye," and the three taken together, constitute an enduring monument to the indefatigable and conscientious labors of this eminent teacher and practitioner. They should grace the library of every ophthalmologist.

A. A. H.

Normal Histology and Microscopical Anatomy. By Jeremiah S. Ferguson, M. Sc., M. D., Instructor in Normal Histology, Cornell University Medical College, New York. Octavo, pp. 758. With 462 illustrations, many in colors. New York and London: D. Appleton & Company. 1905. (Price, $4.00).

The study of histology is now recognised as only second in importance to microscopical anatomy. As the latter deals with the structure of the organs, so the former is concerned with the finer structures of the tissues. The field contemplated by this treatise, inadequately covered though it has been in the past, is receiving the benefit of the experience of new observers with a frequency that justifies expectation that it will soon stand abreast of any of the advanced laboratory sciences.

An examination of this book, even by one little skilled in the science of histology, suggests the thought that it is a most excellent treatise; while to the laboratory instructor it will become apparent that no superior elaboration of the topic has been made by any American author. Ferguson's method is simple, his appli-

cation is forceful and his conclusion is convincing. He does not give us theory, but facts; his teachings are not chimerical, but practical; and his work is not ephemeral, but lasting in character.

The advanced student of histology will discover in this work something which he has not seen before on almost all of the leading topics discussed; for example, the nerve tissue, the skin, the digestive system, the respiratory system, the reproductive organs and the glandular systems, one and all, appear in a new light, or at least possess new interest as dealt with by Ferguson.

Any notice of this book which fails to take cognisance of its illustrations does imperfect justice to one of its leading features. Of the four hundred and sixty-two figures, all in the text, two hundred and twenty-two are from original drawings and photomicrographs. These originals were prepared from microscopical specimens in actual use during laboratory instruction. They serve their intended purpose better than any similar drawings with which we are familiar.

We expect to see this treatise adopted as a textbook in all registered American medical colleges.

Eye, Ear, Nose and Throat Nursing. By A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 illustrations. Pages xvi.-318. Philadelphia: F. A. Davis Company. 1905. (Price, $1.25.)

In this work which is intended as a manual for eye, ear, nose, and throat nursing, Davis furnishes the part dealing with the diseases of the eye, and Douglass with that of the ear, nose, and throat. The book contains much valuable information, and is a trustworthy guide to the subjects of which it treats. If there is any criticism at all, it is that which may be applied to most works on nursing—namely, that too much stress and space is given to diseases and to medical and surgical therapeutics, which more properly belong to books for the medical student and physician. Notwithstanding this clinical and therapeutic emphasis the book is to be commended. A. A. H.

Blakiston's Quiz Compends. A Compend of the Diseases of the Eye and Refraction. By George M. Gould, Editor of American Medicine and Walter L. Pyle, Assistant Surgeon to Wills Eye Hospital, Philadelphia. Third edition, revised and corrected. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, $1.00.)

The study of the eye and its diseases, including refraction, will be greatly facilitated by this compend, which is likely to attract the attention of medical students in particular. It contains also much information, arranged in convenient form, for the general practitioner who should always be conversant with these topics in order to send his patients to the proper specialist at the proper time. This edition has brought the subject forward to the present time through appropriate revision and correction.

THE OPHTHALMIC YEAR BOOK. A Digest of the Literature of Ophthalmology for the year 1903. By EDWARD JACKSON, A. M., M. D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Octavo, pp. 260. With 45 illustrations. Denver: The Herrick Book and Stationery Company. 1904.

The author of this digest is an ophthalmologist of experience and well knows how to winnow the wheat from the chaff of ophthalmological literature. In this year book for 1903, the first volume of a proposed series, he has made abstracts and digests from the ophthalmological literature of the world, and has systematically arranged them in such a manner as to present to the reader, at a glance, the essential progress that has been made during the previous year in this department of practice. His aim has been, as he says in the preface, "First, a critical digest of the most important literature of the past year, judging it from the standpoint of the ophthalmic surgeon,—not extracts or an outline of that literature; but the important things, given sufficiently in detail to make them applicable in practice. Second, a list of the more important original communications appearing during the year. The design is to help the practitioner in this branch to keep up with the progress of his specialty; and with this to supply a series of volumes which will bring him in touch with all the more important recent communications upon any subject."

To the ophthalmologist who desires to have in hand a good digest of the ophthalmological literature of 1903, there is nothing in the English language that will better serve the purpose.

A. A. H.

PROGRESSIVE MEDICINE, Volume I., March, 1905. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Science. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 298 pages, 10 engravings and a full-page plate. Philadelphia and New York: Lea Brothers & Company. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

In this number we find surgery of the head, neck, and thorax by Charles H. Frazier; infectious diseases, including acute rheumatism, croupous pneumonia, and influenza by Robert B. Preble; the diseases of children by Floyd M. Crandall; laryngology and rhinology by Charles P. Grayson; and otology by Robert L. Randolph. The repairs of facial injuries and deformities furnishes an interesting chapter of modern surgery. The contribution of Professor Frazier here noted relating to this subject will be read with instructive interest by all medical men who deal with surgery in any manner, and especially by laryngological and rhinological surgeons.

The publishers very appropriately say of this class of literature in general, which of course applies to Progressive Medicine in particular, that "the enormous annual output of medical litera-

ture,—whether in the form of investigation into causes, pathology, symptoms, or therapy of disease,—is in such grotesque disproportion to the reading capacity of any one individual, the demand of some method of selection and of condensation becomes imperative."

No truer words ever have been said on this point and nothing more appropriate could be said in regard to the value of this particular series of condensed literature.

A Compend of the Practice of Medicine. By Daniel E. Hughes, M. D., formerly Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia. Seventh revised edition by Samuel Horton Brown, M. D., Assistant Dermatologist, Philadelphia Hospital. Duodecimo, pp. 779. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, flexible leather, $2.50.)

An examination of this book shows that it is no longer a mere compend as when it began, but is in this new edition a digest of internal medicine, complete in material and perfect in form. Moreover, its typography is entirely new, it is increased by 137 pages, and twenty-seven illustrations have been added, the whole going to make up one of the most comprehensive works of its kind published in English. New material incorporated in this issue includes articles relating to general characteristics and classification of fevers, examination of the blood, sputum, and contents of the stomach; together with sections on urinalysis and physical diagnosis, as well as much other subject matter which has been added to render it a book of today. It is the exponent of the better class of compends and will continue to be a favorite.

Transactions of the American Gynecological Association. Vol. XXIX. Twenty-ninth annual meeting held at Boston, May 24-26, 1904. J. Riddle Goffe, M.D., Secretary. Philadelphia: William J. Dornan, Printer. 1904.

This sturdy society again offers its work for a year in most approved fashion. The scientific work of this body is not second to that of any special society, and this particular volume contains much material of important value. The traditions of the society are marked by a conservatism that is at once dignified and commendable. Sometimes this element leads to the verge of the danger line but not in this organisation. This volume constitutes a distinct addition to gynecological literature.

Pneumonia and Pneumococcus Infections. By Robert B. Preble, M.D., Professor of Medicine, Northwestern University. Duodecimo, pp. 211. Illustrated. Chicago: Cloyd J. Head & Co. 1905. (Price, $1.00.)

The author of this well written monograph explains that whenever the word pneumonia is used in the text, it means acute inflammation of the lungs with exudation in the alveoli, as a result of infection with the diplococcus pneumoniæ of Fraenkel-

Weichselbaum. In thus restricting the definition of pneumonia it makes the term correspond to our knowledge of the pathology of the disease as at present promulgated from the laboratory.

The bedside picture of pneumonia presented by this author is that recognised today by the scientific clinician, and it can be read with profit by juniors as well as seniors,—by clinical assistants and general practitioners of medicine. The great destructiveness of pneumonia renders it essential for physicians to study its causes, prevention, and treatment with a closer scrutiny.

Transactions of the American Surgical Association. Vol. XXII. 1904. Edited by Richard H. Harte, M.D., Recorder of the Association. Philadelphia: William J. Dornan, Printer. 1904.

One of the most remarkable surgical procedures, whether judged by the audacity of the operator or the results of the operation, is recorded in this book. We refer to a resection of the upper jaw for osteochondromyxosarcoma by Dr. S. J. Mixter, of Boston. The mass was large and the features of the patient were horribly distorted. Recovery was slow but complete and a year afterward the patient had gained about thirty pounds in weight. Dr. Mixter received the congratulations of his colleagues. The book is filled with interesting surgical literature. The president for this year is Dr. George Ben Johnston, of Richmond, and the meeting will be held in San Francisco, July 5, 6 and 7,—the week prior to the meeting of the American Medical Association at Portland.

BOOKS RECEIVED.

Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D. Alling and Griffin's Diseases of the Eye and Ear. A Manual for Students and Physicians. By Arthur N. Alling, M. D., Clinical Professor of Ophthalmology in Yale University, and Ovidus Arthur Griffin, B. S., M. D. Duodecimo, 263 pages, with 83 illustrations. Philadelphia and New York: Lea Brothers & Co. ($1.00 net.)

The Johns Hopkins Hospital Reports. Vol. XII. Baltimore: The Johns Hopkins Press. 1904.

The Development of the Human Body. A Manual of Human Embryology. By J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy in the University of Michigan. Second edition, revised and enlarged. Duodecimo, pp. 539. With 272 illustrations. Philadelphia: P. Blakiston's Son & Co. 1904. (Price, $3.00.)

Medical Philology. Gathered by L. M. Griffiths, M.R.C.S., Eng. Part I. A-El. Bristol: J. W. Arrowsmith. 1905.

A Handbook of Nursing. For Hospital and General Use. Published under the Direction of the Connecticut Training School for Nurses. Duodecimo, pp. 319. Philadelphia and London: J. B. Lippincott Co. 1905.

Malformations of the Genital Organs of Women. By Ch. Debierre, Professor of Anatomy in the Medical Faculty at Lille. Duodecimo, pp. 182. With 85 illustrations. Translated by J. Henry C. Simes, M. D., Philadelphia: P. Blakiston's Son & Co. 1905. (Price, $1.50).

The Eye, Mind, Energy and Matter. By Chalmers Prentice, M. D. Duodecimo, pp. 131. Chicago: Published by the Author. 1905.

Chemical and Microscopical Diagnosis. By Francis Carter Wood, M. D., Adjunct Professor of Clinical Pathology, Columbia University, New York. Octavo, pp. xxiv-745. With 188 illustrations and 9 colored plates. New York and London: D. Appleton & Co. 1905.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume I. Fifteenth series. 1905. Philadelphia and London: J. B. Lippincott Company. (Cloth, $2.00.)

American Edition of Nothnagel's Practice. Diseases of the Blood (Anemia, Chlorosis, Leukemia, Pseudoleukemia). By Dr. P. Ehrlich, Frankfort am Main; Dr. A. Lazarus, Charlottenburg; Dr. K. von Noorden, Frankfort am Main; and Dr. Felix Pinkus, Berlin. Edited, with additions, by Alfred Stengel, M.D., Professor of Clinical Medicine, University of Pennsylvania. Octavo volume of 714 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company. 1905. (Cloth, $5.00 net; half morocco, $6.00 net.)

A Textbook of Medical Chemistry and Toxicology. By James W. Holland, M.D., Professor of Medical Chemistry and Toxicology, and Dean, Jefferson Medical College, Philadelphia. Octavo volume of 600 pages, fully illustrated, including 8 plates in colors. Philadelphia and London: W. B. Saunders & Company. 1905. (Cloth, $3.00 net.)

Report of the Commissioner of Education for the year 1903. Volume I. Washington: Government Printing Office. 1905.

Mechanical Vibration and Its Therapeutic Application. By M. L. H. Arnold Snow, M.D., Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics. Octavo, pp. 297. Illustrated. New York: The Scientific Authors' Publishing Company. 1904. (Price, $2.50.)

LITERARY AND JOURNALISTIC NOTES.

D. Appleton & Company announce the publication at short intervals of a translation of "Die Deutsche Klinik," which is being brought out in parts in the German language. Professors Leyden and Klemperer are the editors of the German work, and the articles are written by such well-known authorities as Leube, Ewald, Boad, Baginsky, Liebermeister, Eichhorst, Strumpell, Jurgensen, Ehrlich, Grawitz, Gerhardt, Loeffler, Krafft-Ebing, Hoffa, Oertner, Kaposi and many others whose names are familiar.

It is the plan to publish this work in several volumes, to be translated and edited under the general supervision of Dr. Julius L. Salinger, of Philadelphia, Pa. Each volume in the series will have a special editor.

The first volume of "Modern Clinical Medicine"—"Infectious Diseases" will be published on the 3d of May, 1905. This

work will be edited with annotations by Dr. J. C. Wilson, professor of medicine at the Jefferson Medical College, Philadelphia. The second volume, which will appear shortly after the first, will consist of "Constitutional Diseases and Diseases of the Blood."

THE *Iris*, volume VIII., 1905, published by the Iris Association, University of Buffalo, is a superb specimen of college editing and bookmaking. The illustrations, consisting of half-tones and drawings in black and white, are artistic in design and execution. The text will be appreciated, most undoubtedly, by the members of the several classes to whom the "roasts" particularly apply. The entire volume is a credit to the editors and especially to the editor-in-chief, Mr. Herman D. Andrews, '05.

Medical Notes and Queries, is the title of a periodical brochure edited by Dr. Henry W. Cattell, of Philadelphia. It contains many useful paragraphs on a variety of subjects of importance to physicians. The publication office is at Lancaster, Pa.

THE first annual report of the Henry Phipps Institute for the study, treatment, and prevention of tuberculosis, embraces the period from February 1, 1903, to February 1, 1904. It is a quarto volume of 265 pages and contains much that is of importance, pertaining to the theme of which it treats. It is another indication of progress in staying the inroads of consumption.

NOTES for the Guidance of Authors in the Submission of Manuscripts to Publishers is sent out by the Macmillan Company, 64 Fifth avenue, New York. It is a most useful little brochure, and every physician who makes any pretense of writing for the medical press should obtain it, no matter how much or how little his experience as a writer. It contains hints of value on points that are often overlooked even by veteran authors. Price, 25 cents.

THE New York State Hospital for the Care of Crippled and Deformed Children, located at Tarrytown, has sent out its report for the year 1904. Bishop Potter is the president of the board of managers and Newton M. Shaffer is the surgeon-in-chief. This hospital is one of the most deserving charities in the state and is worthy the attention of every philanthropic individual. Since the publication of this report the hospital has been removed to West Haverstraw, Rockland county, the new site being situated within convenient distance from the West Shore and Erie railway stations.

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ORIGINAL COMMUNICATIONS.

A Review of the Tuberculosis Problem.[1]

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I PROPOSE this evening to review briefly the advances that have been made in internal medicine during the past year, and to conclude with a rather more extended review of the tuberculosis problem, presenting my own views as to the most important factor in the prevention of the spread of this disease.

Before, however, proceeding to this review, I want to call your attention to the fact of the utter impossibility of practising medicine at the present day without a microscope and the ability to use it. Anyone who attempts to do so is not acting fairly to himself or his patients. Every year I try to impress upon the students that the first investment they make should be, not in obstetric forceps, or a set of surgical instruments, but in a microscope and a complete urinalysis outfit. The value of this advice is shown in the

REVIEW OF PROGRESS.

In typhoid fever, the importance of infection by contact has been brought prominently forward by several observers, as a means of dissemination of the disease, to which sufficient attention has not been directed in the past, and the ease by which it may be avoided by the simple means of frequent thorough washing of the hands of attendants. A number of instances of carrying the infection by means of centrifugalised cream and butter, have been reported. Attention is called by several observers to

1. Presidential address at the thirtieth annual meeting of the Alumni Association of the Medical Department, University of Buffalo, May 3, 1905.

the greater frequency of hemorrhages, neuritis and phlebitis in those cases treated by the Brand bath. When, however, we realise the lower death rate obtained by this method, it is not surprising that there should be an increase in the complications and sequelæ. A number of observations by different investigators have shown almost invariably a rise of blood pressure in case of perforation with peritonitis, coincident with, and sometimes preceding, the pain, and always before the symptoms of collapse. Further observations are, however, necessary before formulating a positive rule.

Nothing new has been added to our knowledge of pneumonia and pleurisy, diagnostically or therapeutically, except that there has been a decided increase in the number of reported cases ushered in or accompanied by severe abdominal pain.

In diphtheria the profession generally is learning to recognise the value of the early bacteriological diagnosis and prompt administration of large doses of antitoxin. Perhaps the most noteworthy advances in relation to diphtheria, have been in the recognition of the value of the administration of the prophylactic dose to all other members of a household in which a case of diphtheria occurs. My own experience in the use of diphtheria antitoxin is that since beginning its use I have not lost a case in private practice; and in hospital practice only those cases that have come in too late for anything to be of any avail. Moreover, in private practice, by the prompt use of the prophylactic dose, I have prevented the development of any new case in a family where a case has been discovered. This is the experience of all who use this remedy sufficiently early and in sufficiently large dose. If I were so situated that I could not avail myself of bacterial diagnosis, to every doubtful case I should give antitoxin. I have given enormous doses,—10,000 units at a single dose, and as much as 20,000 units in 24 hours, and have never seen any evil results beyond an evanescent urticaria, or a few joint pains, which readily yielded to a purge, alkalies, and occasionally small doses of sodium salicylate or aspirin. A. Caillé proposes the regular immunisation of school children two or three times a year during the school year, by the injection of the prophylactic dose, 200 to 500 units,—as a means of preventing diphtheria and the diphtheritic complication of scarlet fever and measles,—and gives statistics showing the value of such procedure.

Of other sera used for therapeutic purposes, the only one that is of proven value is the antitetanus serum, though evidence is accumulating that seems to give some reason for hope that before long we will have a reliable serum with which to control the streptococcus. Antiplague, anticholera and antidysentery sera

are apparently more useful as immunising than as therapeutic agents.

Cerebrospinal meningitis has of late attracted great attention, on account of the severe epidemics raging in different parts of the world, which give the disease almost a pandemic character. The cause is now accepted as the diplococcus intracellularis of Weichselbaum; but therapeutically the only advance that has been made is the practice of lumbar puncture and withdrawal of the cerebrospinal fluid. In several instances this procedure has apparently been the means of saving life, but it is by no means the cure-all that some zealous advocates would have us believe. Continuous drainage of the cerebrospinal canal by this means, under thorough asepsis, is advocated, but has not been given sufficient trial.

The rôle of protozoa as producers of disease is prominently before the profession, especially through the work of Councilman and Calkins in regard to smallpox, and inferentially of the whole class of the exanthemata; and through the work of Plimmer, Clewes, Gaylord and Calkins in relation to the etiology of cancer. The conclusions of all these observers are still subjudice, awaiting confirmation.

In the etiology of arteriosclerosis, through the conscientious work of Cabot and others, alcohol has almost been ruled out as a factor of any great importance; and through the observations of Thayer and others the acute infections, especially typhoid, malaria and influenza, are assuming greater importance.

The importance of autointoxication from the mouth and from the colon, and the necessity of thorough cleansing of both ends of the digestive tract, are becoming more generally recognised.

To Stockton, clinically, and to Charlton, of Montreal, experimentally, we owe the knowledge that infection by the colon bacillus of low virulence will produce an anemia which is almost the counterpart of severe pernicious anemia, and unquestionably some cases in the past of anemia, tabulated as pernicious, must have been due to such colon bacillus infection.

The importance of chronic nephritis as an etiological factor in many disturbances of the metabolism, especially such as are often classed under the heading of asthenia or of neurasthenia, is being more generally recognised, and necessity for frequent examination of the total twenty-four hours excretion of urine in all such cases is paramount. In the majority of such cases, the microscope gives us the most important information of any one procedure in the examination.

In the treatment of nephritis, Bendix has demonstrated clearly that it is possible for the skin to take up vicariously the action

of kidneys, thus proving the scientific value of the well recognised clinical procedure of induced sweating.

Widal and Javal have proven the value of salt starvation in the reduction of the dropsies of nephritis, and that a patient with chronic parenchymatous nephritis may be allowed a fairly free diet, including bread, meat, sugar, potato, butter, and the like, provided that the foods are not salted.

THE TUBERCULOSIS PROBLEM.

It is impracticable for me to undertake to review the advances in surgery, gynecology, obstetrics and the minor specialties, so I shall proceed immediately to a brief discussion of the tuberculosis problem as it now presents itself to us.

As to the prime etiological factor, the profession is now practically unanimous in giving that rôle to Koch's bacillus; and the existence of tuberculosis in an ancestor, unless the patient has been more or less constantly associated with that ancestor, is no longer considered of any etiological significance. Therefore, the study of the environment of the patient, especially the presence of other tubercular cases in the home, or the school, or the factory, or other place of work or residence, assumes the greater etiological importance.

The rôle of bovine tuberculosis as an etiological factor of the greatest importance, is still insisted upon by von Behring, who maintains that human pulmonary consumption is the end-stage of an infection acquired in infancy. Most observers do not agree with Behring, the concensus of opinion being that bovine tuberculosis is a factor in the etiology of human tuberculosis, but a relatively small one; that, nevertheless, all efforts should be maintained to suppress it. Of interest in this connection are the observations of Naegeli in the postmortem room at Zurich. He found practically everyone above 30 to be tuberculous, between 18 and 30, about 96 per cent. had traces of the disease; 50 per cent. of those between 14 and 18; 33 per cent. of those between 5 and 14; and 17 per cent. between 1 and 5, had tuberculous foci. *Infants less than 12 months old were usually found uninfected.*

Franz, of Budapest, tried the tuberculin reaction in soldiers, in doses of 1 to 5 mgm. In the first year, 61 per cent. were tuberculous; in the second year, 68 per cent. reacted positively; when 10 mgm. were used, 96 per cent. reacted. Of 96 infants in whom Behrend employed the same dose, all gave a negative result.

The observations of Harbitz, reported in the *Journal of Infectious Diseases,* for March 1, 1905, go far to support the conten-

tion of Behring that tuberculosis is primarily a lymphnode infection by way of the throat or intestinal tract, and that the pulmonary disease is a later manifestation of the disease.

From the observations of most investigators, the largest number of cases of tuberculosis in children occur during the second and third year; and this is readily explained in two ways—namely, infection through food, including milk, and infection from the floors, walls and furniture of infected surroundings,—children of this age crawling about on the floors and putting their hands and any article they may pick up into their mouths.

Whether the route of infection is most commonly by the digestive or the respiratory tract, is of secondary importance, in my opinion, to the well established fact that the chief, if not the only, source of infection is the sputum of the subjects of pulmonary tuberculosis. The discharge from other tubercular lesions is relatively slight, and is almost invariably carefully destroyed. It is possible that people dead of tuberculosis and buried, may infect the soil. Tubercle bacilli have been found in earth worms.

Patients with advanced consumption throw off in the expectoration countless millions of the bacilli daily. Some idea of the extraordinary number may be gained from the studies of Nuttall. From a patient with moderately advanced disease, the amount of whose expectoration was from 70 to 130 cc. daily (a quarter to half a tumblerful), he estimated that there were in sixteen counts, between January 10 and March 1, from 1½ to 4⅓ billions of bacilli thrown off in the 24 hours. . . .
The observations made by Cornet under Koch's supervision, are, in this connection, most instructive. He collected dust from the walls and bedsteads of various localities, and determined its virulence or innocuousness by inoculation with susceptible animals. . . . Of 118 dust samples from hospital wards or the rooms of consumptive patients, 40 were infectious and produced tuberculosis. . . . In a room in which a tuberculous woman had lived, the dust from the wall in the neighborhood of the bed was infective six weeks after her death.

In the Paris General Hospitals, tuberculosis decimates the attendants. On the other hand, the statistics of the Brompton Consumption Hospital, of Detweiler's Sanatorium at Falkenstein, and all thoroughly equipped and carefully regulated hospitals devoted to the care of consumptives, in which the sputum is collected and destroyed, nurses and attendants are rarely attacked.

It is interesting to know that by exposure to the direct rays of the sun, the tubercle bacilli is killed in a few hours, and, exposed to diffused sunlight, it is killed in one to six days. . . . but moisture, darkness and bad air can keep them alive for weeks. In dark places there is the greatest danger of

infection, and narrow alleys, courts and dwellings shut off from light always have been rightly regarded as the special breeding-places of consumption.[1]

The careful compilation of statistics for a great many years, in many places, shows that tuberculosis causes one-seventh of all deaths, and that tuberculosis of the lungs—consumption—causes one-tenth of all deaths: that it works its greatest havoc in early middle life: according to the statistics of Lillian Brandt, of the New York C. O. S., it causes one-third of all the deaths that occur between the ages of fifteen and forty-four.

The following most valuable contribution to the economics of tuberculosis is made by Cornet in his exhaustive treatise on the subject of Tuberculosis, in Nothnagel's Encyclopedia:

Averaging the mortality reports for the years 1876 to 1891, in Prussia, the annual mortality from tuberculosis in the class of breadwinners, including the ages of fifteen to seventy, was 71,895, or a third of the entire number of deaths. Consumption runs a number of years before it proves fatal; but, if we reckon the invalidism due to it at only one year and the average loss of wage (or unemployed labor) at a value of two marks per day, then the loss of earnings for each person per year, 300 working days to the year, amount to 600 marks; so, for the total number of those who have died in the breadwinning period, 71,895 persons, the annual loss of earnings amount to 43,137,000 marks annually.

If we add to this figure, the money for doctors and medicine, for food and care (counting that the sick pay out 2.19 marks per day), for burial, and furthermore, the expenditure for invalids not included among breadwinners, we may estimate at least twice as much as the previous figure, or 86 million marks as the yearly cost of tuberculosis to the Prussian state.

A similar estimation of the cost to the state has been made by Dr. Herman M. Biggs, of New York, giving as a total annual loss to the city from tubercular diseases of at least 23 million dollars, and to the United States of more than 330 million dollars.

By looking a little more closely at our subject, we find that in certain occupations the disease is more prevalent and more fatal than in others. Among those who are especially prone to the disease are stone cutters; cigar makers and other workers in tobacco; plasterers; compositors, printers and pressmen; servants; hat and cap makers; bookkeepers, clerks and copyists; nonagricultural laborers; workers in tin; cabinet makers and upholsterers; musicians; glass blowers; barbers; coal miners,

1. Osler's Practice.

and other similar workers. In these occupations, we find the individual either exposed to fine, irritating dust, as in the case of the stone cutters, tobacco workers, hat makers, grain shovelers, upholsterers, and barbers, or exposed to bad air, cramped positions, and the like, as in the case of printers, clerks, and other indoor workers.

From this statistical report of Lillian Brandt, we further learn that "from the registration of living cases and from the records of death, not only is consumption more prevalent in certain parts of the city than in others, but that in any given district it is concentrated in certain streets, blocks and even houses. There are houses in which cases of consumption have occurred in each of the last nine years; and there are others in the same block from which none have been reported."

A careful study has been made by Dr. Flick of "the distribution of the deaths from tuberculosis in a single city ward in Philadelphia for twenty-five years. His researches go far to show that it is a house disease. About 33 per cent. of infected houses have had more than one case. Less than one-third of the houses of the ward became infected with tuberculosis during the twenty-five years prior to 1888. Yet more than one-half of the deaths from this disease during the year 1888 occurred in those infected houses."

Similar experiences could be multiplied indefinitely from the practice of all physicians; but enough has been said to illustrate thoroughly the infectious nature of the disease, and to impress upon us also the fact that, besides the presence of the bacillus, usually one or more other conditions are found as causal factors in any given case of consumption; but that without the bacillus no case could exist.

The infectious material is carried in the form of dust in the air, and is inhaled or swallowed. In the dejecta of the common housefly, tubercle bacilli have been found. These pests light on our food, and may thus be the means of carrying infection. It may be conveyed through the milk of tuberculous cattle, or, possibly, through meat of tuberculous animals,—though this is not very probable, as most meats are cooked before eaten. Anything that reduces the resisting power of the individual to disease in general renders him so much the more susceptible to the onslaught of consumption.

The children of sick parents are naturally not as strong as the children of healthy parents. In this respect only has heredity any bearing on the production of this disease. On the other hand, the environment in the way of occupation and home surroundings, has been shown to have a distinct bearing on the

subject. Moreover, bad habits,—especially the excessive use of alcoholic stimulants and the frequenting of brothels,—have a distinct effect in lessening the resisting power of the individual to the onslaught of the disease. Briefly, we may say that darkness, dampness, bad air, bad habits and poor and insufficient food are the chief factors in the preparation of the soil for the implantation of the tubercle bacillus, and for the continuation of its evolution and growth afterward.

In the fight against this disease, then, everything should be done to improve the sanitary condition of the working places, so that there may be plenty of fresh air for each individual; that there be working space enough, that he does not have to take a cramped position,—or, if that is necessary for his work, that there be sufficient shifts of men that each individual may have a period of time for good lung expansion; that in dusty occupations, means be used to reduce the dust to a minimum, and that shields for the mouth and nose be provided for the workmen; that no one be allowed to drink alcoholic beverages during working hours; and that the existing tenement laws be strictly enforced and sufficient number of sanitary inspectors provided to make it possible to do the work thoroughly.

After a case of tuberculosis has left a dwelling,—either for a hospital or for a grave,—the room or rooms which he has occupied should be most thoroughly disinfected, and such articles of clothing or furniture as cannot be disinfected should be burned. The bodies of all dead of any infectious disease—including, of course, consumption—should be cremated. Sunlight, pure air and good food, all three in plentiful amount, are the chief factors in both the prevention and cure of tuberculosis; all efforts should be made to secure them for everyone in their homes and in their working places.

Practically, we must recognise the fact that the tubercular individual is with us, and we must concentrate a considerable amount of our effort in educating him how to avoid the infecting of his surroundings.

It has been well remarked by Cornet, "The consumptive in himself is almost harmless, and only becomes harmful through bad habits."

The expired breath of consumptives does not contain the bacilli; neither do the excretions from the skin, the kidney, or the bowel, unless there is ulcerative tubercular disease of these organs. The only source of danger in a consumptive is the sputum, finely divided particles of which are discharged during the act of coughing and are suspended in the atmosphere, thus infecting the surrounding air.

James B. Russell has well said:

In order to be air-borne, the sputum must be dried and broken up into dust. If discharged into a handkerchief, it speedily dries, especially if put into the pocket or beneath the pillow. In the last stages of consumption, the patient becomes weak, the sputum is expelled imperfectly, pillows, sheets and handkerchiefs are soiled. If a male, the beard or moustache is smeared. Even in the hands of the cleanly, unless special precautions are taken, such circumstances tend to the production around the patient of a halo of infected dust maintained by every process of bed-making or of cleaning, which includes the pernicious process happily described as "dusting." In the hands of the careless and dirty, the infectivity is, of course, greatly aggravated. It attains its maximum of intensity where the filthy habit of spitting on the floor prevails.

If, however, proper care is taken of the sputum, there is no danger of infection from a consumptive, as has been thoroughly proven by experience of many sanatoria, the statistics from some of which I have given you.

What are the precautions that should be adopted? They are very few, and very simple—namely:

(1) The consumptive should kiss no one; and no one should kiss the consumptive on the mouth.

(2) The consumptive should never lend his handkerchief to anyone, or borrow a handkerchief from anyone.

(3) The eating and drinking utensils of a consumptive should be thoroughly boiled after he has used them.

(4) During the act of coughing, he should hold before his mouth a piece of cheesecloth, or gauze, or other material, which may be burned or boiled.

(5) The sputum should be discharged into a piece of cheesecloth or gauze, so folded that the sputum may be turned in and completely covered; such piece of gauze should be put into a proper receptacle, until it is time to take it out and burn it, and boil the receptacle. Similar pieces of gauze should be used for blowing the nose. These pieces of gauze can be burned once a day or oftener, according to their number.

(6) The sheets, pillow cases, night clothes and underclothing of consumptives should be boiled for half an hour before being washed.

If these simple precautions are taken, and heed is given to the injunction of Dr. John H. Pryor, "to care for the consumptive in the right place, in the right way, and at the right time until he is cured; instead of in the wrong place, in the wrong

way, at the wrong time until he is dead," we need have little fear but that the disease will be wiped out of existence.

These precautions sound simple, and it seems that it should be necessary only to call attention to them, carefully explaining the reasons for them, to have them readily complied with. As a matter of fact, however, this is not true; and, in my opinion, we will never be rid of consumption until government control of the consumptive is an established fact and thoroughly carried out by those in authority.

From a long period of observation in connection with my attendance at the Erie County Hospital for tuberculosis, and in the ordinary course of a practice which brings under my observation many cases of pulmonary tuberculosis, I have become convinced that the chief cause of the persistence of tuberculosis and the main source of infection is the sputum of the chronic case who is able to be up and about and to do some work, but who is unable, or unwilling, to care properly for his sputum. In the autumn or winter these chronic cases come into the hospital, are well-fed, clothed and given abundance of pure air, and when the early summer comes they are in good enough physical condition to leave the institution, go out and go to work on the docks or elsewhere, occupy some room in a tenement, or lodge with the family of some friend, or occupy a bed in some cheap lodging-house,—often a different bed, and sometimes a different house every night. They pay no attention to the instructions they have received in regard to care of sputum, because they are their own masters and do not have to obey rules outside. Thus they cough and spit and scatter bacilli by the billions, infecting their surroundings wherever they go. If they feel depressed from any reason,—disease, fatigue or lack of food,—they usually have recourse to alcohol in some form, thus further depressing their resisting powers and making themselves even more careless and vicious in their habits.

Under the circumstances it seems clear that great good could be accomplished by the establishment in every community of two sanatoriums, one for advanced, and one for incipient, cases of pulmonary tuberculosis. By the enactment of an ordinance, every person with pulmonary tuberculosis who cannot receive proper care and be accommodated with an airy room at home to be occupied by himself alone, should be compelled to go to one or the other sanatorium.

Two sanatoriums are advocated: (1) because the treatment of the two classes of patients is decidedly different; (2) because the constant presence of advanced patients and the occasional painful death of one or more have a decidedly depressing influ-

ence upon those having incipient disease. That this is a real influence for the bad, I have had demonstrated on several occasions in a mixed institution with which I have been connected for several years. One winter two patients that were regularly and steadily improving in all respects, took a sudden and decided change for the worse after distressing deaths of other patients in an advanced stage of the disease.

If every case of pulmonary tuberculosis were reported to the health department, as it should be, the department could send an inspector and determine whether such case is one for home or sanatorium treatment. Of course every patient should be allowed the privilege of sanatorium treatment if he so desire, even though his circumstances were such that he could be cared for at home. The health authorities are allowed to isolate cases of smallpox and certain other infectious diseases, and the same right should be accorded them with regard to the greatest destroyer of all—tuberculosis.

After removal of the patient, his bedding, clothing and apartment should be thoroughly disinfected and cleaned. In this way many foci for the distribution of the disease could be destroyed. In the sanatorium the patient would, of course, be under strict medical supervision so that slight disturbance of temperature and other indications of increase in virulency of the disease, even though slight, would be noted early and thus there would be afforded a much better chance to arrest its progress by the prompt establishment of proper therapeutic measures than if the patient were at home under only occasional medical observation. In this way the chances for the patient's recovery are doubled and he is no longer a source of danger to his fellows.

Moreover, in the sanatorium, he learns, through observation as well as instruction, how to care for his sputum and the very great value of this simple procedure. Through his visits to his friends and their visits to him, this knowledge would become much more widespread than by all the books and public lectures put together. Daily observation of the thing done acts as a clinical lecture, leaving a vivid impression much more lasting than that produced by the best of didactic instruction.

It will be urged that many tuberculous persons are able to attend to business and aid in the support of themselves and their families. To this it may be replied that it will be much less expensive to quit work for six months, or even for eighteen months and get well, than to continue doing rather poor work for a few months or a year, and then have to quit for all time. Moreover, sanatorium life need not interfere with business, if the patient really is in condition to attend to business, but it will

interfere when it is best for himself and his companions that it should do so. This is, in truth, no hardship, but ultimately a gain for all.

It may also be urged that it is an unnecessary hardship to compel a patient to die in an institution, excluding him from the privilege of passing his last days in the bosom of his family. To a very limited degree this is true, but in tuberculosis the end is seldom sudden and the members of the family can be notified and allowed to be present at such a time.

In the case of other great plagues, the isolation is more complete, and the friends are not allowed to be present even at the last. So the procedure is not unprecedented, and the good to come to the entire race from such sequestration, kept up persistently for 10 or 15 years, would far outweigh the slight psychic disturbance of a few. The bodies of all dead from tuberculosis should of course be cremated.

Instruction in regard to destruction of sputum and feces, in regard to precaution as to personal contact with others and in regard to disinfection of apartments lately occupied by the tuberculous, are all of value in checking the spread of the disease; but it is my opinion that some such plan as has been outlined, of compulsory reporting of cases and compulsory removal of suitable patients to their proper sanatoriums, will be much more efficacious than all the other procedures in ridding us of the great white plague.

469 Franklin Street.

A New Prophylaxis and Cure for Gonorrheal Ophthalmia.

With Special Reference to the New Born.

By WILLIAM LINTON PHILLIPS, M. D., Buffalo, N. Y.

FROM the beginning, man has run the gauntlet of the gonococcus while passing through the parturient canal. Even today, the offspring is subjected to this great danger and will be as long as one-sixth to one-third of the adult female, and three-quarters of the adult male population has this disease.

Even if we cannot wipe out the origin of gonorrheal ophthalmia we, nevertheless, may assure more or less immunity against it. Crédé reduces the chances of infection from 10.8 per cent. to 0.2 per cent., and it becomes our duty entirely to eradicate it, if this be possible. Because 20 per cent. of the blind have been

made so from lack of proper treatment at birth and that there still remains a danger of contraction of gonorrheal ophthalmia. I think it my duty once more to bring up a subject which has been written threadbare for, if there is any treatment that will reduce the chances of infection still further, it should be made known to the obstetrician, who sees these cases earlier than the ophthalmologist.

Symptoms of gonorrheal ophthalmia have been described and familiarised by nearly every one since time immemorial, but, nevertheless, will bear reviewing here, as it may reimpress some important point which has been forgotten and by so doing, save an eye. We may describe this disease under two general heads, antepartum and postpartum; but, because they differ only in their onset, they will be referred to in this paper under the one general head.

The rarity of the antepartum form is usually considered a blessing, but it is in reality a misfortune, for, if the maternal inoculation is not too long before birth, there is time enough to save the eye, while in the postpartum form many eyes are lost, due to the lack of diagnosis, owing to the discharge of the accoucheur before it develops. This, of course, is in the poorer class of patients.

Ophthalmia neonatorum usually develops in from three to four days after birth. Should it make its appearance later, say up to ten days, it is produced a great many times by germs other than the gonococcus, as Klebs-Loeffler bacillus, small bacillus of acute contagious conjunctivitis or the pneumobacillus. Often it comes from soiled towels, napkins or direct contact of the nurse's or mother's hands, when not properly cleansed.

The pathology presents a general engorgement, involving the vessels of the bulbar and palpebral conjunctiva; the superficial layer is infiltrated with leukocytes, in or on which the pathogenic microörganisms are seen. The conjunctival epithelial layer is swollen and uneven, caused by a serous or sometimes a fibrinous exudate. In the secretion from the eyes the gonococci are found free or in the pus cells.

Usually, in from twenty-four to thirty-six hours, there is a slight tendency for the eyelids to adhere, becoming puffed, and, as the disease approaches the third day, the eye becomes more tender to the touch; they, now, cannot be opened voluntarily. There is often a slight amount of fever and some swelling of the preauricular glands which lasts about two days. About the third day, the conjunctivæ are congested and swollen, but smooth. At this time the secretion develops, which is a mixture of blood and serum and has been described as resembling bouillon.

At the fourth or fifth day, the eyelids begin to thicken and appear dark red in color. The secretion now assumes a more purulent form, which may be thin enough to flow out of the eyes freely, or else so thick that it is retained, welling out when the eyelids are separated. Later on, the swelling begins to disappear. The skin now assumes a more wrinkled appearance, the eyes are also less tender to the touch and the conjunctivæ gathered in soft folds.

In the second stage, which may persist for weeks, the cornea is in the greatest danger, owing to the retention of pus within the eyelids, which now has a more constant action, producing perforated cornea, staphyloma, ulcers, vascularisation, pyramidal cataracts, and central macula, depending upon the severity of the disease, whether contracted from gleet or a virulent gonorrhea.

In its severe form there is a great many times a deposited membrane upon the conjunctiva, having the appearance of being croupous or diphtheritic in character.

Because modern science teaches that cleanliness is the most essential step in the prevention of disease, this paper deals with prophylaxis rather than with the cure of gonorrheal conjunctivitis after it develops.

To understand fully the prevention of this disease, we must consider, first, the origin from which it springs; and know, second, along which paths it may travel. The former is a fact well known, but the latter is more difficult to understand, unless we look over a few truths in relation to childbirth. When the fetus starts downward on its course, the eyes no doubt are uninfected because of the protection afforded by the amniotic sac; during the descent they become exposed to the infection, caused by the rupture of the sac and the forcing apart of the eyelids, produced by the dragging of the vaginal membranes upon the face. The mouth at this time may also be forced open from the resistance offered the lower jaw.

The greatest percentage of all infected eyes which occur at birth are due to the direct contact with the gonococcus. The minimum amount travels indirectly by other paths and reaches the eye through the nose, a cavity which, with but few exceptions, remains open, becoming filled with septic material which is drawn still further back by the first breath filling all openings.

We may consider two ways by which infection travels to the eye from the nose; first, by the bloodvessels and lymphatics; second, the tear ducts. Because the latter is the more direct, we will speak of it as the only way, although bacteria have been

traced through the vascular system. It has been proven by numerous cases on record, that air may be forced through the tear ducts to the eye and into the surrounding tissues of the orbit by blowing, sneezing or coughing. How easy may the gonococcus be forced the same way by the act of sneezing, which nearly always follows the exposure of the child to different temperatures at birth.

It is a simple thing to prove that free drainage through the tear ducts will be beneficial in phlyectenular conjunctivitis, ulcers, and the like, because of the removal of irritating fluids; but it is quite another task to prove to the skeptical mind that gonorrheal ophthalmia in the newborn does spread by way of this route, although this paper has already proven this theoretically.

In August, 1899, I was consulted about Miss L. Z., who at this time was suffering with erysipelas of the upper lip, beneath the nostril. The initial spot was about 10 mms. in diameter. Her family physician informed me she had suffered with this disease before, but not in this particular way. From the point of infection it spread rapidly by way of the mucous membrane of the nose to tear ducts which were greatly swollen, inflamed and filled with pus, showing clearly the way it traveled. The disease did not spread to any part of the face, except as mentioned, which point was first cured. Later, the nose responded to treatment and last, the eyes.

Since this case my attention has been called to this route of infection many times, but none so forcibly as the following:

Mr. R., 17 years old, suffered all the previous summer with catarrh of the right nostril, as he described it; the corresponding eye was slightly involved, appearing red and painful at times, later these symptoms became aggravated and more persistent, photophobia developed, and on November, 1903, he consulted a physician, who gave treatment daily for three months, without relief. On February 9, 1904, I found Mr. R. suffering with an iritis; the cornea very cloudy; conjunctiva, both palpebral and bulbar, deeply engorged and the iris firmly bound down. A nasal examination showed turbinates greatly swollen, deeply injected and painful to the touch; on the septum was a large ulcer; there was also constant running of the right nostril, the left appeared normal. Daily applications were made to the nose, and in three weeks the patient was cured. The eye showed improvement only in proportion to that of the nose and did not respond to medicines dropped in the eye.

These cases ought to show, conclusively, without reporting any more, that the nose, in a great many cases, is the true origin of diseases of the eye.

Installation of silver nitrate in the eyes of the newborn seems universally conceded sufficient protection against gonorrheal infection, but is shown by this still remaining 0.2 per cent. that it is insufficient. This, then, should prove convincing enough to the most skeptical mind that obstetricians should carry on a strict nasal hygiene for its prevention. But how is this to be accomplished? First, there must be found a suitable drug that will overcome the following difficulties: It must be nontoxic, for we are dealing with a most delicate system which may become poisoned. It also must not coagulate albumins as bichloride of mercury, carbolic acid, copper sulphate or silver nitrate, for this has a tendency to afford a protection to the gonococcus rather than destroy it. It also must be nonirritating, no matter in what strength used; and, lastly, it must be powerful enough to destroy germs.

The most admirable drug, embracing all these most important features, is alphozone or succinic peroxide. Not only is it nontoxic, nonirritating, nonpainful and does not coagulate albumins, but it is powerful enough to kill the colon bacillus, pyogenic and pathogenic germs in one minute, if placed in a 1 to 250 solution. Alphozone is 100 times more powerful than hydrogen peroxid and does not produce effervescence, which would spread the infection throughout the surrounding tissue. Alphozone is 75 times more powerful than carbolic acid, with its many disagreeable properties missing. It is 6 times more germicidal than silver nitrate and in the same proportions is equal to bichloride of mercury solutions, but superior to it in many ways, as previously stated.

Last summer an opportunity presented itself for using alphozone, while in consultation with another physician, who was using large doses of protargol for one week to check a virulent ophthalmic gonorrhea with no result. It was ordered by my advice, pushed to its physiological limits, but with no better result. Argyrol and other drugs ended likewise, so, as a last resort and in conjunction with protargol, alphozone was prescribed. A 1-500 solution was dropped in the eyes hourly. The next day the diphtheritic-like deposit and the pus began to disappear. Upon the second day, under my care, protargol was stopped and the tenth day the patient was discharged without any complications. I have since used this drug alone and more extensive in septic conditions of the tear ducts, eyes and in all operations and found it prevented all septic conditions.

Not long ago, I was called in to see a case which developed ten days after birth; silver nitrate had been used hourly for one week with no result; upon separating the lids three-quarters of

a teaspoonful of greenish yellow pus flowed out of the eye; after cleansing, it was seen that the cornea had ruptured through an ulcer which was about 10 mms. in diameter. A 1-30 solution of alphozone was ordered dropped in the eye, hourly, night and day. All other medications were stopped except atropine sulphate, which was used in dilating the pupil. The nostrils were cleansed with this same solution. Twenty-four hours from the time of the commencement of this treatment there remained in the eye, near the canaliculus, one small drop of pus; the cornea had healed, leaving no involvement of the deeper structures. By the fourth day the pus entirely disappeared and did not return. The case was discharged at the end of the fifteenth day, leaving no complications.

It might be well to mention that alphozone oxidises sharp steel instruments and by so doing dulls them, if left in solution for more than a minute. New solutions are not so powerful as those having been made twenty-four hours and alphozone may be kept in solution indefinitely if well corked.

Having found the most suitable drug, filling all these requirements, it is not hard to find a way to administer it, although great care must be taken while so doing, in order not to force the septic material further back into the Eustachian tubes. Because of their low position in the throat of the child, the head should be tipped forward so that the fluid will flow out of the nose again rather than into the throat for the same reason.

Alphozone may be administered by a medicine dropper if a very gentle pressure is applied to the bulb, but the safest way is to spray it with an atomiser, thoroughly. Alphozone dissolves readily in water at ordinary temperature and the action is not impaired providing the water does not over-reach the boiling point at the time of making the solution. It forms an odorless, white, painless solution, which may be used in any degree of strength from 1 in 30 upwards, although I have found in operations and diseases of the eye that solutions 1 to 250 of water, answers all practical purposes, but at times stronger solutions are necessary.

The nose should be cleansed several times a day, if certain that there was a gonorrheal discharge before birth; if not, one good spraying will do. The mouth should also receive like care and the tear ducts gently massaged towards the canaliculus to force out the remaining pus, after which alphozone 1 in 30 should be freely dropped in the eye. In recommending alphozone to replace Créde's method, I think that a solution 1 in 30 or weaker, dropped in the eyes freely at birth, will prove advantageous over silver nitrate, if but for the facts that it does not coagulate albu-

mens, allowing deeper penetration into the conjunctival folds, also tear ducts, and because stronger solutions may be used freely without danger of a drug, which is six times more powerful than silver nitrate in equal proportions.

449 Franklin Street.

Metrorrhagia in Interstitial Nephritis.

By CHARLES GREENE CUMSTON, M. D., Boston, Mass.

DISEASES of the circulatory apparatus may give rise to metrorrhagia, whether this may be due to passive congestion during the course of mitral disease, or in dilatation of the right ventricle in pulmonary emphysema; or, on the other hand, it may be due to active congestion during the progress of interstitial nephritis, in which high arterial tension and vascular changes, which are frequently concomitant, predispose to rupture of the vessels. Hepatic cirrhosis giving rise to passive congestion, may produce metrorrhagia, occasionally following a stasis produced by some external pressure, such as tightly laced corsets, and the like. There are still other causes in play, such, for instance, as a stasis resulting from compression of the vena cava by an abdominal tumor, or a fluxion following the repeated use of strong purgatives or emmenagogues. After ligature of the umbilical cord one occasionally sees a slight metrorrhagia in a newly born infant, which is due to a venous stasis resulting from the ligature during the first forty-eight hours following birth. The variations in the general conditions of the circulation also explain the metrorrhagia which has been met with in females who have left the low lands to take up their abode in high altitudes.

Interstitial nephritis occupies quite an important place in disturbances of the circulation and which result in loss of blood from the uterus. Generally speaking, the hemorrhage under these circumstances is of slight amount and only temporary, but there are many exceptions to this rule, and Violet has recently reported three cases where the amount of blood lost was sufficient to produce a marked anemia in the patients. In one case, that of a woman forty-two years of age, who had a miscarriage, for which she was curetted three years previously, the flow of blood after this was continuous and accompanied by clots, which reduced her to a condition of extreme weakness. Ergotin was several times given, but had no influence over the flow. Examination showed a slightly granulous cervix, but the uterus was normal, both in size and position. No evidence of a fibroid tumor could

be detected. On the other hand, there was a marked arterial hypertension with a tendency to a cardiac galop and the urine, which was very limpid, contained a marked trace of albumin. In the other two cases, the same condition of arterial hypertension and albuminuria were present, while the uterus and the adnexa were found normal. In both these cases curetment only brought away normal uterine mucosa.

It is of utmost importance for the practitioner to be aware of this cause of metrorrhagia. Ergotin is one of the most common remedies for uterine hemorrhage and this drug is an energetic vasoconstrictor and hypertensor; consequently, when given under these conditions, it becomes, so to speak, an accomplice to the disease which in itself makes itself known by a marked arterial hypertension. Should one prescribe ergot to a patient the subject of interstitial nephritis, it simply means that the loss of blood will be prolonged. Those patients should in reality be placed upon a general treatment which will produce hypotension, such as a milk and vegetable diet consisting of eggs, green vegetables, fruit and not more than a pint of liquid in twenty-four hours. To this diet theobromin and similar drugs may be added. If this regime is not sufficient a local treatment consisting of hot vaginal irrigations, or destruction of the uterine mucosa by the curet, must be resorted to.

The conclusion of all this is that which dictates the daily conduct of the physician—namely, before prescribing the treatment the patient should be carefully examined and the causative factor should be determined.

Interstitial nephritis is without any doubt quite a rare cause of metrorrhagia and, in a female during the genital period, one would naturally first think of a fibroid or a retention of the placenta. If the subject is more advanced in age one should not adopt the vague and meaningless term of metrorrhagia of the menopause, without, in the first place, making certain that a carcinoma of the uterine body is not developing. It is quite impossible to make a diagnosis without the sense of sight and especially of touch in these cases and, for this reason, intrauterine exploration is indicated. As an example of the importance of this may be mentioned a case, that of a young virgin, nineteen years of age, in whom a mucous polypus, the size of a large bean, was found within the uterine cavity. The patient entered the hospital for extremely abundant hemorrhage, which had been present for over a year and, on examination bimanually, the uterus was not enlarged, while the cervix was perfectly hard and normal and the real condition of affairs was not ascertained until an intrauterine examination had been made.

In cases of retention of the placenta the dilatation of the cervix, with colicky pains during a metrorrhagia, indicates that there is some foreign body within the uterus which the organ is endeavoring to expel. These symptoms, however, are not always constant and a retention of the placenta may escape detection by the usual methods of exploration, just as is the case for interstitial fibroids of small size which project into the uterine cavity, or certain malignant neoplasms at their beginning.

Under such circumstances an intrauterine examination should never be neglected and, if carried out with all the rules of asepsis, no harm will result. The exploring finger will immediately appreciate the condition of the mucosa and, if necessary, curettage may be done in order to make an histological examination.

Other causes of metrorrhagia may be eliminated, such, for example, as that accompanying fungous endometritis, salpingo-ovaritis, infectious diseases, the commencement of tuberculosis, diabetes and similar affections.

871 Beacon Street.

Treatment of Acute Otitis Media.[1]

By W. SCOTT RENNER, M. D., Buffalo, N. Y.

TWO things are essential to the proper treatment of any diseased organ: first, examination of the organ to determine the indications for treatment; second, treatment of the diseased organ according to the indications discovered by the examination. No practitioner would think of treating a suspected pneumonia without percussion and auscultation of the chest; but many able physicians will treat an acute middle ear trouble without once examining the tympanic membrane, the auditory canal, the mastoid process or the upper respiratory tract. Yet, a direct inspection of these parts and that daily, is as essential to the proper treatment of an otitis media, as it is to auscultate the chest in pneumonia.

In olden times, otitis media was not treated; at present, it is cared for but often badly treated. Dirty dressings of the auditory canal with soothing ointments, warm oils or laudanum are useless. More progressive men prescribe profuse injections of boracic acid and other solutions, or installations of carbolic acid and glycerine, which are perfectly proper if they are discontinued when other steps become indicated. Some general practitioners will tell us that we are over anxious because we see only the severe cases. They state that discharging ears are only insignificant troubles, especially in children, which cure themselves.

1. Read at the March meeting of the Erie County Medical Association.

They are, however, deceived by an overstock of faith when they think that an otitis is well cured because the ear shows no evidence of pain or discharge. It may be full of danger like a quiescent appendicitis. It may insidiously continue its march to a brain abscess, meningitis, or sinus thrombosis, or to deafness, which cripples the usefulness of the patient.

Otology today does not deserve the reproach which was due it twenty years ago. At present, instead of the use of profuse injections and insufflations into, and bacteriocidal dressings of the auditory canal, which is not the diseased organ in this case, we treat, as far as possible, the middle ear according to modern surgical methods, and the otologist is enabled to know just what procedure to carry out by the indications which inspection of the auditory canal and palpation of the mastoid process give him.

Acute processes of the middle ear are classified variously by different authors and, therefore, it becomes necessary to precede our description of their treatment by a concise definition of the morbid processes included under the term, acute otitis media. Many authors describe three principal subdivisions: first, middle ear catarrh; second, simple acute otitis media or simple acute inflammation of the middle ear; and third, acute purulent inflammation of the middle ear. These three cannot always be sharply distinguished in their early stages, and the first may, at any time, be changed into one of the last two. These two are the same condition, one of which goes on to suppuration, the milder form not reaching that state, either from the lack of virulence or as a result of treatment.

Acute middle ear catarrh is, according to these authors, not the result of infection of the middle ear, but the changes are brought about in the middle ear when the Eustachian tube is obstructed. Such obstruction prevents the normal change of air between the middle ear and the pharynx; thus the air in the middle ear becomes rarified. This results in hyperemia and perhaps transudation of serum from the side walls of the tympanic cavity. These cases are not catarrh in the true sense of the word and there is not always an exudate into the tympanum. They occur usually in obstructive cases of the nose and nasopharynx. Children with adenoid vegetations often suffer from this form of catarrh. It is these children that have frequent attacks of earache which sometimes end in a suppurative otitis media. The tympanic membrane presents, on inspection, a characteristic appearance. The membrane is drawn in, causing a more or less marked formation of a posterior fold of the membrane and sometimes the formation of an anterior fold with a slight redness of the membrane. This redness of the tympanic membrane is not the

result of inflammation, but is due to the hyperemic condition of the mucous membrane within the tympanic cavity which shines through the tympanic membrane. The membrane does not appear swollen and the light reflex is not at all or very little changed. The region of the handle of the hammer is not changed, though perhaps its bloodvessels may be more filled than normal. A later result of this negative pressure, as I said before, is the transudation of serum into the tympanic cavity.

This so-called catarrhal condition has been described to prevent confusing it with the two inflammatory forms which are the same condition, except that the more severe one goes on to the formation of pus in the middle ear. They are caused by a bacteriological infection of the middle ear in the course of an acute cold, scarlet fever, measles, typhoid, diphtheria, and the like, while the exudate found in the middle ear is an inflammatory product and not transudate. This exudate is serous, mucus, or purulent according to the severity and stage of the inflammation. This inflammatory disease is recognised from the appearance of the membrane. When seen early, the lower part of the membrane may still retain its sheen and the light reflex will still be found, but the region of the handle of the hammer becomes swollen. The short process is not so evident; it may be just distinguishable, or not at all to be seen. There may be in such a case only a small amount of serous exudate which may become absorbed. The purulent form commences in this manner also, but the signs apparent on the drum membrane increase in severity until the whole membrane is red, swollen, and bulging.

Now, I do not think any doubt can exist as to what class of cases we should include under the name of acute middle ear inflammation and we may proceed to a consideration of its treatment. It is not a trivial disease, therefore rest in bed should be enjoined; this is especially necessary if there is severe pain, fever and signs of severe inflammation in the tympanum. The patient should be kept upon a low diet and all stimulants should be avoided. Calomel, followed by a saline should be administered. Even in the mildest cases, the patient should, if possible, be confined to his room. Until signs of accumulation of exudate are manifest by a bulging tympanic membrane, applications of heat should be made over the ear and mastoid process. The external auditory canal may also be irrigated every hour with a warm sterile lotion. This irrigation is usually quite soothing, but should be done very gently to avoid injury to the drum. I am, at times, inclined to discontinue its use, because it has a tendency to macerate the canal and cause desquamation which disguises more or less the tympanic picture. The external application of heat is

often also soothing, but probably has very little to do with the reduction of the inflammatory condition. It may be made by means of dry heat, such as the hot water bag, or moist applications may be applied for two hours at a time and then allowing two hours to intervene. Such applications may be kept hot in a chafing dish or hot water bath.

A very useful solution for this purpose employed frequently in the German clinics, is liquor aluminum acetate; about four drams of this can be used in a half pint of water, kept warm in a chafing dish and changed every few minutes by the patient. In many individuals, especially those who are corpulent, hot applications have a tendency to increase pain; in such patients ice may be substituted for heat. There are many things recommended in these cases which are either useless or interfere with our observation of the progress of the inflammation. In the past, leeches have been extensively used, either in front of the tragus or over the mastoid process. Their application in our antiseptic times seems to be wrong. They also cause a light inflammatory reaction in the neighborhood of the bite, which makes it difficult for one to say whether the tenderness on pressure is due to the leech bite inflammation, or to the inflammation of the underlying periosteum and bone. For similar reasons, fly blisters, tincture of iodine, gray salve and other similar things should not be applied over the mastoid; they simply disguise the condition of the part.

I have already said that sterile solutions may be used in the auditory canal, but doubt whether it is advisable to use them or not; they, of course, prepare the canal by making it aseptic for an incision of the drum, should it become necessary. Most fluids which are poured into the ear are positively harmful, or at least, absolutely useless; among these are laudanum, warm sweet oil, goose grease, bear grease, and the like. I recently had some trouble in removing from an auditory canal a large amount of vaseline which had been poured into the ear while warm. Ten per cent. carbolised glycerine is used in some places quite extensively to abort these cases. It also may be said to be useful as an antiseptic to the canal; it sometimes, however, acts as a slight cauterant and the slough left only serves to confuse the examiner.

Should this treatment fail to relieve the pain and should the fever and inflammation of the drum continue for more than twenty-four hours, or should the symptoms increase and the tympanic membrane show signs of bulging, a paracentesis should be made. This incision should be made only after the auditory canal is thoroughly cleansed with an antiseptic solution, and dried so that a satisfactory view of the tympanic membrane may be had.

The hands and instruments of the operator should be made sterile, as they would be in a major operation, and this at each dressing of the case. The incision through the drum in most cases should be made in the posterior inferior quadrant, a short distance from its outer border and parallel with it. This position of the incision insures good drainage; first, from its position in the lower part of the membrane; and, again, because it is made at right angles to the radiating fibers of the membrane. The incision should not be a simple puncture of the membrane, but it should be as long as it possibly can be made within the arc of the posterior inferior quadrant.

After the tympanic membrane has been incised, the external auditory canal should be dried, that is, all pus, blood, or serum should be removed and a narrow strip of sterilised nonmedicated gauze should be placed loosely in the auditory canal, the inner end of which should be placed as near the incision as possible. Care should be taken not to pack this dressing in the canal, as this would interfere with the object of it; unfortunately the dressing cannot be carried through the incision into the tympanic cavity. Were that possible, paracentesis of the drum would be an ideal surgical operation. Some recommend placing an external dressing of absorbent cotton over this dressing with a bandage, leaving it for twenty-four hours. This will do in cases where the discharge is small in amount. The best procedure, in my experience, is to change this dressing as often as it becomes soaked with secretion. I do not make a practice of washing out these cases after the incision, unless there is considerable desquamation of epithelium which cannot be removed with absorbent cotton.

The physician should see these patients at least once daily, should thoroughly dry the canal and if necessary irrigate it gently to remove the desquamating epithelium. Under no other circumstances would I recommend the irrigation of the canal. After this, the condition of the membrane, the appearance of the posterior superior wall of the canal and the condition of the mastoid as to pain, tenderness and swelling, should be made out. This plan of treatment should be carried out until the patient is well or until the condition of the mastoid makes operative interference necessary. The practice of washing out the auditory canal to heal up a middle ear discharge is, per se, nonsense. The diseased part is beyond the tympanic membrane and can but rarely be reached by the solution; and, besides, washing out abscess cavities is, at the present time, considered poor surgery. For a similar reason, washing out the tympanic cavity through the Eustachian tube is not a surgical procedure and now is scarcely ever recommended.

When a purulent otitis media comes under my observation, after perforation of the drum has taken place from over distention, I clean the auditory canal the same as I did at the daily dressings after incising the drum, and I also inspect it in the same manner; if the perforation in the drum does not seem large enough for free discharge of pus or if there are already signs of mastoid retention, I do a paracentesis in the same manner as in the unperforated cases. In making the incision in these cases, I try to start if possible from the rupture; that is, if it is favorably located. The daily treatment is the same in these cases. Formerly, the air douche by Politzer's method, or with the Eustachian catheter was used daily. Some authors are still in favor of its use; others condemn it, stating that it irritates the parts when they need rest, and drives the secretion into the mastoid antrum; as it is already there, however, this can do very little harm. It seems to me, though, to have no particular advantage; yet, it must be used in the so-called catarrhal cases and in acute inflammatory cases after the discharge has stopped and the perforation healed, but then very gently, for there is danger of reopening the perforation.

The question is often asked, "Should the tonsils or adenoids be removed during an acute otitis media?" I should say, certainly not; except in the long drawn out cases, where the treatment is practically the same as that of chronic otorrhea. In many cases, the discharge seems to come through the Eustachian tube into the tympanic cavity.

INDICATIONS FOR THE MASTOID OPERATION.

In all cases of purulent otitis media, the mastoid antrum is likewise involved, but clinical experience shows us that a timely and large paracentesis of the drum will usually drain the antrum as well as the tympanum, and that it is cured in this way more quickly than a mastoid wound could heal. We also know that mastoid symptoms that persist after a paracentesis are not produced by involvement of the mastoid antrum, but by retention of pus in the mastoid cells and in inflammation of their walls. These cells are situated in different parts of the temporal bone. Therefore, when a good free paracentesis does not cause the disquieting symptoms to disappear; that is, if constant pain and tenderness persist in the region of the mastoid; if sagging of the posterior wall of the auditory canal is present; and if pus appears in abundance in the auditory canal after its removal, it is then time to follow up the incision of the tympanum, by an opening and an exenteration of the mastoid cells until all diseased parts are thoroughly removed and the antrum freely exposed. If

the above named symptoms accompanied by some fever persist twenty-four hours after a free incision of the drum, the operation should be done, it seems to me, at once; it is useless to attempt to cure the mastoid trouble by application of ice over the mastoid and frequent warm irrigation of the Eustachian tube; such delay is dangerous, for we cannot tell by the external symptoms how extensive the internal changes may be.

If the patient comes to us with a periosteal mastoid abscess, even if the temperature is not a hundred, it is imperative that the operation should be done as quickly as it is in the power of the surgeon to arrange to do it. These are neglected cases with destruction and fistula through the mastoid cortex. Paracentesis in such cases, or an enlargement of the size of the perforation in the tympanic membrane can do no good. They are accompanied usually, by an extradural abscess, and delay is absolutely very dangerous. It is necessary in doing the mastoid operation to always open the mastoid antrum and every mastoid cell, if we wish to avoid future complications. The more radical the operation, the better for the patient. The lesions found in doing the mastoid operation are usually more extensive than suspected, hence all diseased bone should be removed down to the dura and every bolster of granulation on the dura should be exposed in every direction, until healthy dura can be seen on every side of the pad of granulation tissue and should fistulas lead through the dura into the brain, they should be followed to their source, and should signs of sinus thrombosis exist, the thromboses should be removed and if necessary the jugular vein be ligated and cleaned out. Early operations upon the mastoid do not usually reveal more than an extradural abscess, which if properly treated, is a harmless intracranial complication.

The mastoid operation is the ideal surgical way of treating an otitis media and if it were not for the waste of time involved, it would always be the best way of insuring a complete cure of the discharge, leaving an intact healthy tympanic membrane, for the gauze drainage can always be placed directly in the cavity from which the pus comes, which cannot be done where drainage is attained through an incised tympanic membrane. When a paracentesis does not result in a reasonable time in a complete cure of aural discharge, the mastoid antrum should be opened to prevent the life long risks which result from neglected bone disease and deafness. The treatment of the neglected cases, that is, chronic otorrheas, and the like, constitutes another chapter of otology, the consideration of which is foreign to the object of the present paper.

361 Pearl Street.

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

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Hospital of the Sisters of Charity — EUGENE A. SMITH, M. D.
German Hospital — HERMAN E. HAYD, M. D.

University of Buffalo—Commencement Week, '05.

THE exercises pertaining to the fifty-ninth annual commencement of the department of medicine, the eighteenth annual commencement of the department of pharmacy and the thirteenth annual commencement of the department of dentistry were held at the Teck theater, Thursday morning, May 4, 1905, at 11 o'clock.

MEETING OF THE COUNCIL.

In the early part of the day the annual meeting of the council of the university was held. The vice-chancellor, Charles P. Norton, presided, and the recommendation of the several faculties relating to the candidates for the degrees in medicine, pharmacy and dentistry was confirmed. During the year the Hon. George Gorham resigned the office of vice-chancellor and Mr. Charles P. Norton, a prominent member of the Buffalo Bar, was elected to fill the vacancy.

ALUMNI ASSOCIATION.

This association departed from its usual custom and held its meeting this year during two days. An elaborate program was prepared by the executive committee which was observed with strict adhesion to detail. The scheme included a series of clinics at the several hospitals and at the university, an executive and scientific meeting on Wednesday evening, May 3, at alumni hall, commencement exercises at the Teck theater on Thursday, luncheons at the several clubs, and the whole concluding with a ban-

quet Thursday evening at the Iroquois hotel. The following is a detail of the program:

Wednesday, May 3, 1905.

BUFFALO GENERAL HOSPITAL.

10 a. m.—Cerebrospinal meningitis, DeWitt H. Sherman.

10.30 a. m.—Persistent branchial cleft, Irving M. Snow.

10.30 a. m.—(*a*) Operation for prolapsed iris; (*b*) Presentation cases, Lucien Howe.

11 a. m.—(*a*) Sequelæ of pneumonia; (*b*) Endocarditis, DeLancey Rochester.

11 a. m.—(*a*) Ventral hernia; (*b*) Tubercular joint, William C. Phelps.

12 m.—Myelitis, James W. Putnam.

ALUMNI HALL—UNIVERSITY—LECTURE HALL.

10.30 a. m.—Tubercular knee, Bernard Bartow.

11 a. m.—(*a*) Gastric cancer following ulcer; (*b*) Perforating gastric ulcer, A. L. Benedict.

11.30 a. m.—(*a*) Renal decapsulation; (*b*) Colecystenterostomy, Eugene A. Smith and Charles Sherman Jewett.

12 m.—(*a*) Tracheotomy; (*b*) Cystic goitre; (*c*) Radical ear operation with Brain sinus, George F. Cott.

12 m.—Gunshot wound of head, A. W. Bayliss.

UNIVERSITY CLUB.

1 p. m.—Luncheon, resident alumni to out-of-town alumni. Cards to be obtained of executive committee.

HOSPITAL SISTERS OF CHARITY.

3 p. m.—(*a*) General peritonitis; (*b*) Nephropexy; (*c*) Perforating ulcer of foot; (*d*) Presentation of cases, Edward J. Meyer.

4.30 p. m.—(*a*) Spleenic anemia; (*b*) Arthritis deformans; (*c*) Endocarditis, Henry C. Buswell.

ALUMNI HALL—COLLEGE BUILDING.

8 p. m.—(*a*) Reading minutes previous meeting; (*b*) appointment of nominating committee; (*c*) report treasurer; (*d*) report trustees; (*e*) report executive committee; (*f*) miscellaneous business; president's address, DeLancey Rochester; address, E. L. Shurley, Detroit, Mich.; (*g*) election officers.

LIBRARY—COLLEGE BUILDING.

11 p. m.—Smoker, by invitation of the faculty.

Thursday, May 4, 1905.

INVITATION CLINICS.

9 a. m.—Woman's Hospital—C. C. Frederick—Abdominal sections.

10 a. m.—University—Alumni Hall—E. and G. W. Wende—Mycosis fungoides.

10.30 a. m.—German Hospital—Julius Ullman—(*a*) Typhoid; (*b*) Multiple neuritis; (*c*) Pseudoleukemia; (*d*) Articular rheumatism.
10.30 a. m.—University—Alumni Hall—T. H. McKee—Nerve suture.
11 a. m.—Sisters of Charity Hospital—L. G. Hanley—Nephrectomy.

TECK THEATER.

11 a. m.—Commencement exercises.

SATURN CLUB.

1 p. m.—Luncheon to association, by Drs. Mann, Park, Stockton, Cary, Snow, Williams and Rochester.

BUFFALO GENERAL HOSPITAL.

3 p. m.—Surgical clinic, Matthew D. Mann.
3 p. m.—Medical clinic, Charles G. Stockton.
4.30 p. m.—Surgical clinic, Roswell Park.
4.30 p. m.—Medical clinic, Charles Cary.

HOTEL IROQUOIS.

7 p. m.—Annual banquet.

COMMENCEMENT CEREMONIES AT THE TECK.

Some time before the appointed hour every available seat in the theater was occupied by friends of the college and graduates who had assembled to witness the ceremonies and to greet the candidates for degrees. At 11 o'clock the classes of medicine, pharmacy and dentistry, numbering in the aggregate about 150, marched to their appointed seats immediately behind the orchestra, during which appropriate musical selections were played. Next came the faculties, approaching from the rear of the stage, led by the vice-chancellor, supporting the Rev. Richard Earle Locke, who took seats upon the stage.

DEPARTMENT OF MEDICINE.

The graduating ceremonies began with prayer by Rev. Frank Hyatt Smith, which was followed by a musical selection and then the class in medicine, numbering thirty-seven, was presented to the vice-chancellor by Professor Eli H. Long, M.D., secretary of the faculty; meanwhile, the dean, Professor Matthew D. Mann, M.D., administered the Hippocratic oath, after which the degree of doctor in medicine was conferred by the vice-chancellor, Charles P. Norton, Esq., upon the following named successful candidates:

Andrews, Herman David, Buffalo
Beach, Channing Elias, Buffalo
Becker, George Adam, Buffalo
Braner, Harry Edward, Buffalo
Burlingham, William Bernard, Buffalo
Bethune, Charles Williams, Buffalo
Cannon, Hadley Thomas, Elmira
Cohn, David, Buffalo
Connors, Thomas William, Buffalo
Eames, Lewis Nelson, Lee Center
Fiero, Carl M., Peoria

Fisk, George Clayton, Belfast
Flannery, John Matthew, Buffalo
Foster, Edwin Carlton, Hammondsport
Good, Norton Henry, Buffalo
Hengerer, Louis, Buffalo
Hill, Stephen Mortimer, Cazenovia
Jackson, George Breton, Caneadea
Kavinoky, Samuel, Buffalo
Johnson, Herman Walter, Gowanda
Lande, Abraham, Elmira
Lemen, Fred'k Michael, Dansville
Linklater, Eugene Ross, Buffalo
McKenney, Descum Clayton, Buffalo
Mott, Albert Elgin, Bowmansville
Padelford, Charles Eugene, Padelford
Pchellas, Victor Albert, Buffalo
Peaslee, Joseph Asher, Randolph
Perkins, Frank Elliott, Copenhagen
Prudden, William Hopkins, Lockport
Reimann, Edmund Philip, Buffalo
Schaefer, Arthur Charles, Buffalo
Sernoffsky, Isaac, Buffalo
Schweitzer, Joseph, Buffalo
Simpson, Leo Francis, Rochester
Sperans, Joel, Buffalo
Sullivan, William Joseph, Dunkirk

The dean of the faculty, Professor Mann, then announced the honor roll, including the standing of each member, as follows:

Lewis Nelson Eames, Lee Center, N. Y.	95	%
Leo Francis Simpson, Rochester, N. Y.	92.88	"
Albert Elgin Mott, Bowmansville, N. Y.	91.51	"
Stephen Mortimer Hill, Cazenovia, N. Y.	91.40	"

DEPARTMENT OF PHARMACY.

The candidates for the degree of bachelor in pharmacy, thirty-six in number, were presented by Professor John R. Gray, M.D., secretary of the faculty of the college of pharmacy, and the vice-chancellor conferred degrees upon the following named candidates:

*Roy Vincent Agrelius
William Adsit Bryant
*John Buettner
Joseph Henry Callahan
Joseph T. Wesley Coble
Wilber Ray Davis
Arthur G. Drake
Bert Henry Gifford
James Bernard Harrington
Max Himmelfarb
George Daniel Hull
*William Dikeman Hulse
*Charles William Janke
Mary Evangeline Kelly
M. Frank H. Kenny
Ernest Lambert
John Leffler
Edgar Howard Lincoln
Charles Theodore Mann
Hubbard J. Meyers
*Benjamin Francis Miles
Gates Markham Minckler
William George Overocker
Eugene Ashley Putney
*Walter Scott Redfield
Harold F. Rising
William Andrew Robison
Edward P. Ryan
Frank Whitney Shaw
J. Lee Sherlock
Edward William Shinners
Howard A. Stover
Otto Ernest Tannhauser
Thomas Elba Tefft
Theodore Floyd Young
Elmer E. Zacher

The degree of Master in Pharmacy was conferred upon *Homer E. Dyke.

Professor Willis G. Gregory, M.D., dean of the faculty, announced that Roy Vincent Agrelius, an honor graduate of this

* Diploma withheld on account of being under age.

department, had won the W. H. Peabody prize of $50; and, further, that the honor roll consisted of Roy Vincent Agrelius, William Dikeman Hulse, Edgar Howard Lincoln and William George Overocker.

DEPARTMENT OF DENTISTRY.

The candidates for the degree of doctor in dental surgery, numbering seventy-four, then were presented by Dr. George B. Snow, dean of the faculty, and the vice-chancellor conferred degrees upon the following members of the class:

Albert Edwin Atkinson
Heman Wing Backus
Roscoe Lyman Barber, B.S.
*Frank Albert Beyer
Irving M. Billington
Frederick Edwin Bryant
Charles Frank Bullock, A.B.
Cephas Rowland Campbell
Daniel D. Carmichael
Walter Frank Chappelle
Clark George Cole
Hugh Cunningham
Burt Brook Davis
Albert Francis Dyer
Harry Franklin Eckler
Seward Crapser Edgerly
Frank Washington Edmunds
George M. A. Empey
James Edward Espie
Frank Matthew Evans
Ernest John Eveleigh
Guy Maxwell Fiero
Allen Joseph Fraley
Edgar Sumner Gill
Carl DuMelt Gurnee
Frank James Handy
Dan Raymond Howe
Charles Hugh Irish
Joseph Justus Jacobson
Frederick Henry Jelley
Harold Francis Jones
*George Burnett Kehr, Ph.G.
Milton Wesley Kohler
Frank Huntington Kulp
Clarence Thomas Lansing
Fred Pierson Leigh
Alma Van Peyma Lloyd
John Luke Maxwell
*Floyd Eugene Metcalf
Charlie Orland Middleton
Clarence George Morsheimer
Margaret Anna Munroe
William Arthur Myers
Everett Ray Neff
Ferris David North
Harry Warford Ogden
Charles Andrew Pankow
Roy Clinton Parker
John Harmon Parmele
Foster Samuel Post
Roy Wilbur Reid
Frank Augustus Rheubottom
Frank Elmer Rians
J. G. Roberts
Roy George Roberts
Walter Mark Rooks
Alexander Ross
*Adolphus Augustus Rounds
Oscar Garfield Ryerse
Frederick James Shaddock
Orin Merrill Skinner
William Alexander Smith
Charles Conrad Steigerwald
*Amos George Stiker
George Albert St. John
Laverne Coleman Swain
Walter Edward Thomas
*Clarence Thorn Van Woert
Clarence Adna Warner
Walter Ambrose Warren
James Edward Watson
*Harold Parker Wells
Charles William Wise
William Elphiston Wray

The dental graduates who received honors are Heman Wing Backus, Frederick Edwin Bryant, Clark George Cole, Albert Francis Dyer, Frank Washington Edmunds, Carl DuMelt Gurnee, Oscar Garfield Ryerse, Orin Merrill Skinner, Amos George Stiker and Harold Parker Wells.

* Diploma withheld on account of deficiency in time.

A musical selection was then rendered during which the ushers occupied themselves with the distribution of flowers to the graduates. These had been sent in profusion by their friends and stacked upon the stage front, as well as in the area behind the stage. This was a feature of great interest and added variety to the occasion. The color and fragrance of the flowers gave a pleasant suggestion of spring and served to bring the audience as well as the recipients of the trophies in closer touch with nature. Formerly, the faculty ruled against the presentation of flowers at commencement exercises, but we are glad to see the custom revived. It lends attractiveness to the scene and is befitting the occasion.

The address to the graduated classes was delivered by the Rev. Richard Earle Locke, pastor of Calvary Presbyterian church, Buffalo, and will be published hereafter. It was an address full of human nature and one which appealed to the manliness of the audience, whether graduates or spectators. A benediction and music served as a finale to a most appropriate observance of commencement ceremonies.

The alumni present immediately gathered at the Saturn Club, where they were entertained at luncheon by Drs. Matthew D. Mann, Roswell Park, Charles G. Stockton, Charles Cary, Irving M. Snow, Herbert U. Williams and DeLancey Rochester. Just as the luncheon was concluding, Dr. A. L. Benedict, of Buffalo, proposed a vote of sympathy to Professor Charles G. Stockton in the grievous affliction which had befallen him. Dr. Benedict was instructed to communicate in writing to Dr. Stockton the action of the association.

THE BANQUET.

As an appropriate conclusion to the commencement ceremonies and alumni association proceedings a banquet was served at the Hotel Iroquois, Thursday evening, May 4, at 7 o'clock. At this function were seated the faculty, the alumni and the new graduates and guests, numbering more than 100 in all. Dr. DeLancey Rochester, president of the alumni association, presided at the feast and acted as toastmaster—a dual position in which he served with élan. The banqueters were entertained between courses and speeches by the University quartette: Fred Hicks, first tenor; Edward Cox, second tenor; George McIntire, first bass; and Dr. W. L. Goodale, second bass.

When coffee and cigars were served the toastmaster began the introduction of the speakers. He spoke of the alumni association, the work that it had performed in the past and in particular of the present meeting now nearly concluded. In the

course of his remarks he referred to the laborious duties of the executive committee and called upon the chairman, Dr. Albert T. Lytle, to speak to the first toast,

"THE ALUMNI ASSOCIATION."

Dr. Lytle in his response called attention to the fact at this the thirtieth anniversary dinner, that though there were over 2,000 graduates of the medical department there were less than 500 active members of the association; that efforts had been made to maintain interest in the association and in the medical department by offering each year some entertainment in character both serious and otherwise, but owing to the poor response on the part of the individual graduates to pleas for aid by becoming active members of the association it had always been difficult to attract members from a distance to attend the annual meetings. Like the sinews of war, money is an essential factor in the successful operation of an alumni reunion; the faculty of the medical department, however, has ever been generous in aiding the association to keep in touch with the alumni and to make the social events of each reunion a success.

After several years of experiment it was thought best to offer to the alumni at this meeting something like a post-graduate course, availing ourselves of the advantages of the vast amount of clinical material under the care of members of the association resident in Buffalo. When one realises that every eleemosynary institution in Buffalo has several alumni upon its staff, each of whom is a capable instructor, it is not surprising that it should be considered feasible to make such a course interesting and instructive. The executive committee believes that with the generous aid of these gentlemen a clinical course of six days could be given to the graduates of the medical department, not only in general medicine and surgery, but in all the important specialties. Such a course would secure for each alumnus attending, instruction in one week equal to that of four or five in any post-graduate school of instruction elsewhere, and all for the value of an active membership in our association.

The experiment made this year proves how much material there is at hand for use for the benefit of members of the association, hence it is proposed that the clinics next year shall be extended over a much greater period of time, so that there will be opportunity for more variety and less conflict in hours. The executive committee of the association desires to acknowledge its obligation to each and every one who so willingly and kindly offered his services for the entertainment and instruction of the members. Dr. Lytle interspersed his speech with a number of amusing anecdotes which provoked laughter and contributed to the enjoyment of the occasion.

The toastmaster then made reference to the fact that an attempt is making to establish a college of arts, and said that

the university was receiving on all hands much encouragement, indicating that the movement would meet with success if properly handled. In view of this he had asked the vice-chancellor, Charles P. Norton, Esq., to respond to the next toast.

"THE UNIVERSITY."

Vice-chancellor Norton began his remarks by saying that he wanted to speak to the medical department about the work that was before the university to which Dr. Rochester has just alluded. He thought that the traditions of the university should appeal especially to the medical department because, until the department of pharmacy was created in 1886, the medical department was all there was of the university, and so should be instinct with the traditions of its founders. He remembered as a little boy, many of these men at his father's house and their talk of the future of the city. They foresaw a great future for Buffalo, and as one of its fundamental institutions obtained from the legislature the charter of this university. This was when the city was but a dozen years old and had a population of only 30,000 people. But what the pioneers and founders of the university had foreseen, has now come to pass. Buffalo has now become a city of 400,000 people. It is the eighth in order of population of the cities of the country. It will soon be one of the great cities of the world. And the time has now come in the history of the university to round out the scheme of its founders, and to create other departments for the university, as Austin Flint, Frank Hastings Hamilton, James P. White, and Thomas F. Rochester have already developed the medical department.

A college education is now necessary to a well educated man or woman to compete successfully for the positions of life. Buffalo is the only city of its size in the country that has not already recognised this fact and which does not have a college for its citizens within its limits or within ten miles of its boundaries. The first work to be done is to awaken the citizens of Buffalo to the real need of such a university, and also to awaken them to the fact that the educational standards and requirements of the present day have advanced far beyond those even of the last generation. Fifty years ago the district and the parochial school gave to the community all the education that was demanded. Until quite recently, the public, the parochial, and the high schools have fully equipped young men or young women for the ordinary positions in life. But at present and for the future more will be required. College men and women are becoming more and more common every day. Soon to be a college man or woman will be the rule and not to be a college man or woman, the exception. They are now wanted as superintendents of shops, on newspapers, in the professions, and as heads of departments in various kinds of business, and unless they are college men or women, the children of the poor cannot be expected to rise to those positions. The educators understand this.

At a speech delivered at the conference of the delegates of the various alumni associations of Buffalo, Mr. Emerson, superintendent of education, said, if a school of letters was founded in Buffalo, within five years it would have five hundred students. Mr. Detmers, principal of the Lafayette high school, said that of the young men and women, graduates of the high schools of the city of Buffalo, each year, there were many whose talents richly deserved the higher education, but who cannot afford to leave town to go to college; and thus the community is deprived of the benefit of this talent.

The object of the movement is to supply this want and to create a higher school for the benefit of the citizens of Buffalo. The movement aims to enlist the sympathies, and interest, and pride, and patriotism of every citizen of Buffalo, so that the people of Buffalo may feel that the college is their own.

The medical department has already taken an active part in this movement. Dr. Mann has done much work. Dr. Park, on April 15, made a speech to the Harvard Alumni Association, which led to the appointment of a committee to consider the ways and means of creating a college of liberal arts for the University of Buffalo. The resolution also called upon the alumni of the other universities to coöperate with the Harvard alumni. Nineteen colleges have responded. On April 27 a conference of these colleges was had and an executive committee appointed, so that it may now be said that the university men of Buffalo are organised, ready, and waiting to carry on the movement.

The vice-chancellor concluded by urging upon the medical department the duty of taking an active hand in this movement. He said that he did not think that any body of men in the community had so great private influence as physicians, and he implored them to exert it in the direction named. Buffalo, he said, in fifty years, would be a city with a very large population and would be the metropolitan city of a neighborhood with a population numbering in the millions. A college would certainly come. But now was the time to create an intellectual center for Buffalo, so that as the town increased in size, controlling influence would be exerted by a well organised university, which had been created by the citizens themselves and in which the people who erected it would take pride.

The speech of Mr. Norton was delivered with great fervency, and its eloquence was appreciated by the banqueters who frequently interrupted its delivery with applause.

The toastmaster then announced that the Right Reverend Charles H. Colton, D.D., Bishop of Buffalo, would respond to

"THE CLERGY."

Bishop Colton, with characteristic simplicity of manner and speech, made a touching allusion to the relationship of the clerical and medical professions; to their mutual interests in working

for the benefit of humanity; and, especially, to their interdependence in ministrations to the sick and dying. He recounted his pleasant relations to physicians which had existed ever since he entered the priesthood, and which he predicted would continue until the end of his spiritual administration. He spoke in the highest terms of the self-sacrificing nature of the physician's calling and recited parallels in that of the clergy; in particular, he called attention to the dangers often entailed by the faithful performance of the duties of each profession.—dangers which deterred neither physician nor priest from rendering loyal service to the afflicted.

Bishop Colton's address was full of christian spirit and benevolent precept.—commanding attention from beginning to end and eliciting the generous plaudits of his hearers during its delivery.

To the next sentiment Dr. Rochester said much thought had been given because of its importance, and that after mature deliberation Dr. Marshall Clinton had been invited to respond to

"THE LADIES."

Dr. Clinton said that to appropriately present, on an occasion like this, the many charms and blessings of the fairer sex he found quite beyond his powers. To toast and laud the part they have taken in our profession, he continued, is more feasible. My first experience, he said, with the gentler sex in collegiate work began some thirteen years ago when a lone girl entered the budding medical class of 1895 at Niagara University. The disgusted amazement of many of the class at her effrontery in daring to intrude an influence that stood for something better than the utterly flippant and the bizarre was beyond description. Much murmuring was heard—and disagreeable remarks were passed to test the feeling current with the majority of her classmates. That innate chivalry which lies like a sentient watchdog at the gateway of our better acts, sprang up and organised a group of men who served notice on the class at large that any molestation with that girl student would be followed by personal chastisement.

I doubt if that girl in her quiet hardworking life ever knew how much her influence stood for in the whole school. At best our profession is what might politely be considered an unconventional study, and to our girl students we owe the banishment of ribaldry and jest that in other days were considered a part of the everyday duties. We must admit that women have succeeded in our profession when judged by standards of material progress. That they help their patients we know and sometimes we hear of instances in which they vie or even excel the sterner sex in their skill and success.

In the laboratories today some of our best workers and investigators are women. In hospitals they number among the most skilful. In conclusion, let me ask you to join me in a toast

to "Our Ladies," and I ask the women of our profession to keep for themselves always,—added to their M.D.'s,—the title of gentlewomen.

The counterpart of the last topic would require great skill to deal with, said the chairman, but fortunately an alumnus equal to the occasion had been found. He introduced Dr. M. Elizabeth Schugens who, in the following fashion, served up

"THE MEN."

It was with no small amount of trepidation that I accepted the signal honor of responding to a toast, the ability to do justice to which might have been a matter of doubt in the mind of a much more confident woman. The subject, "The men" or better "The gentlemen," is so large, so splendid that I cannot hope to give it full credit. A toast to "The men" must, indeed, be spelled out by the word, achievement; for it would be a history of glorious deeds, of chivalry, of service to the world, of noble accomplishments in the domains of the mental, moral and physical,—a history of conquest over self, the development of the home and family life and, what is dearer to us, the placing of woman upon the seat of honor, in that home.

And so we all recognise:

"Two heads in council, two beside the hearth,
Two in the tangled business of the world,
Two in the liberal offices of life,
Two plummets dropt for one to sound the abyss
Of science, and the secrets of the mind."

"The woman's cause is man's: they rise or sink
Together, dwarf'd or godlike, bond or free:
For she that out of Lethe scales with man
The shining steps of Nature, shares with man
His nights, his days, moves with him to one goal."

Just as in the perfectly balanced orchestra we have the instruments which give us vigor, martial beauty, strength, frenzy, so must we have those which interpret gaiety, pathos, tenderness, eloquence, sweetness, in order that we may have the whole beauty of orchestral effect,—the symphony.

There is ample work for both, and a definite field in which each may accomplish that work. Man cannot do woman's work nor should woman wish to do man's. The life and happiness of the one are so indissolubly linked with those of the other, that any consideration of man without woman, were impossible. Tennyson has expressed this beautifully, when he says:

"Let her make herself her own
To give or keep, to live and learn and be
All that harms not distinctive womanhood.

For woman is not undevelopt man,
But diverse: could we make her as the man,
Sweet Love were slain: his dearest bond is this,
Not like to like, but like in difference.
Yet in the long years liker must they grow;
The man be more of woman, she of man;
He gain in sweetness and in moral height,
Nor lose the wrestling thews that throw the world;
She mental breadth, nor fail in childward care,
Nor lose the childlike in the larger mind;
Till at the last, she set herself to man,
Like perfect music unto noble words;
And so these twain upon the skirts of Time,
Sit side by side, full-summ'd in all their powers,
Dispensing harvest, sowing the To-be,
Self-reverent each, and reverencing each,
Distinct in individualities."

Surely it was a realisation of this which led this enterprising and progressive university early to open its doors to the women of the community as well as the men. And I add, with pardonable pride I trust, that it was a very wise measure as is amply proven by the excellent work of your colleagues, the women, now in the active practice of medicine.

"Here might they learn whatever men were taught.
Let them not fear: some said their heads were less;
Some men's were small, not they the least of men;
For often fineness compensated size:
Besides the brain was like the hand, and grew
With using;"

And now it seems as if the girls of this city were to share equally in additional benefits, in the establishment of a department of liberal arts in this university. Vice-chancellor Norton has called your attention to the fact that a vigorous effort is being made, not only by the University of Buffalo in all its departments, but also by the alumni of all the universities represented in this city. Will this not afford many girls and boys excellent opportunities for a higher education which they would otherwise be obliged to forego?

And you young men just entering upon your life work as physicians, be not unmindful of the noble men under whose instruction you have sat. They have given you the best things of a lifetime,—all the accumulated knowledge and experience at their command. It is just as true today as it ever was, that a prophet is not without honor save in his own country. Many of your professors enjoy more than local and national fame: their names even are mentioned with honor and respect across the seas.

In closing, permit me to turn your thoughts to one, to whose gentle influence, more than to any other, man owes much of his real strength, tenderness, courtesy,—those qualities which give him the grand old name of gentleman. You will remember that not so many years ago, upon a very important occasion in the city of Washington, all the affairs of state paused for a moment, when a president, an American gentleman, turned to kiss his aged mother.

"Alone, from earlier than I know,
I loved the woman:
Yet was there one thro' whom I loved her, one
Not learned, save in gracious household ways,
Not perfect, nay, but full of tender wants,
No Angel, but a dearer being, all dipt
In Angel instincts, breathing Paradise,
Interpreter between the Gods and men,
Who look'd all native to her place, and yet
On tiptoe seem'd to touch upon a sphere
Too gross to tread, and all male minds perforce
Sway'd to her from their orbits as they moved,
And girdled her with music. Happy he
With such a mother! faith in womankind
Beats with his blood, and trust in all things high
Comes easy to him, and tho' he trip and fall
He shall not blind his soul with clay."

The graduates of 1905 being present in a body, the toastmaster complimented the young physicians upon the success that had attended their struggles for the past four years, as attested by the diplomas they now held, and asked Dr. Leo F. Simpson to respond for

"THE GRADUATING CLASS."

Dr. Simpson, in a few well-chosen sentences, expressed the appreciation by the class of 1905, of the privileges enjoyed in the university during the undergraduate courses, and for the courtesies received at the hands of the faculty and corps of instructors. He also thanked the officers of the alumni association for the invitation to the banquet, and concluded by pledging for himself and his classmates continued loyalty to Alma Mater.

Dr. Henry Reed Hopkins spoke as follows to the

"CENSORSHIP OF THE PROFESSION."

The situation is most delicate and the speaker craves your most considerate and generous indulgence. This is commencement day, the supreme day in many of our lives; we are assembled in banquet hall, and we have dined most royally; the very air is electric and tingling with the attendance of distinguished company, with music, with flowers, with the gracious

presence of beautiful women; we have been charmed with words of cheer, inspired by words of singular earnestness and eloquence from our vice-chancellor, and our souls have been strengthened by the fervent utterances of the Bishop beloved. In such an atmosphere and in such environment, I am asked to speak to you upon the censorship of the profession. Surely, contrast was never more striking,—the word and the occasion never more lacking in harmony.

Nevertheless, your committee has taken the responsibility, and I must remind you that in spite of the flowers, the music and the feasting of tonight, there will come the tomorrow, and tomorrow will bring to us the plain things of life,—life not as it should be, not as it might be, but life as it is, and in the real tomorrow there is the need now and then of censorship. Let us make pause for a moment to ask why is it that in practical medical life there must now and then be invoked the authority of law to restrain individuals from the exercise of their individual purposes? Why is it that in the medical profession,—the most learned, the most humane, the most beneficent, the most glorious of all the professions, that there must needs be censorship? The answer though not complimentary to our humanity is easy, the reason is obvious. As it has ever been in all time, so as long as men are human it ever will be,—the army of conquest or of defense will have its camp followers; the bank vault stored with bullion will attract the cracksman; the medical profession with its unrivaled opportunities for confidences and for ministrations will have its fakirs. The camp followers, the cracksmen, the fakirs make it expedient that there should be censors and censorship.

Your speaker has had many years experience as censor, but he has never yet been able to make censorship what would be most desirable,—that is to say, to make censorship at once efficient and popular. I am therefore obliged to make the confession, possibly as news to some of my hearers, that in censorship efficiency is more to be desired than popularity and that a considerable degree of efficiency presupposes that some person has been inconvenienced disagreeably and is likely to find censorship unpopular. Nevertheless, there must be censorship.

These elemental principles of human action and necessity for government were firmly established in the minds of the makers of our state, and accordingly we find early provision made by statute for censorship of the medical profession. Since 1806 this censorship has been in the care and keeping of the state and county medical societies, and that these societies have exercised their great responsibility with a reasonable degree of wisdom is proven by the fact that during the entire century more and more of responsibility, more and more occasions for censorship, have been required of the medical societies by the statutes of the sovereign people.

I am conscious that historical accuracy is to be expected even at the hands of one speaking after dinner, hence do not

assume to pose before you, or attempt to maintain that all the important medical legislation of the century has been suggested or even supported by the dominant medical profession of our state. Such is not the fact, for on two important epochs in the medical history of the state our part of the profession has differed distinctly and radically from the legislature, and two important statutes have been enacted against our spirited and even acrimonious opposition. I refer to the statutes of 1857 and of 1865, the former authorising the formation of homeopathic medical societies, state and county; and the latter giving like authority to the eclectic physicians to form medical societies. These societies, homeopathic and eclectic, were to be like in all respects to those authorised by the medical laws of 1806 and 1813.

It will not be a waste of time to spend a moment in reviewing the contests of 1857 and of 1865, that we may read the lessons of those earlier days. The light of history may possibly enable us to meet the more intelligently and the more successfully our present problems. You will therefore please recall that the contest of 1857 was essentially a quarrel between doctors and the cause of that quarrel was a question of therapeutics, a question as to the proper dose of a given remedy, the physicians, who subsequently became known as homeopathic physicians, holding the belief and claiming the right to use remedies in smaller doses than was then the custom. The majority, the dominant party, maintained that such notions of dosing were wrong, were unscientific, and that any man holding such beliefs must be either a fool or a knave. The contention had been in progress since the first publication by Hahnemann of his Organon, in 1810, and was stirred into greater activity by his death in 1844.

The acute stage of the contest was reached when physicians were expelled from county societies by reason of their homeopathic faith and practice, whereupon the aid of the state was invoked. Our side of the contest, the dominant party, were right in their hearts, right in their loyalty to the principles of our art; but wrong in their intolerance, wrong in their estimation of what is freedom in science; and in the contest the minority, the weaker party, the party holding the wrong view of therapeutics, but holding the right view of individual liberty won; and the state decreed that in medicine men should be free to follow the dictates of their own judgment, even if that judgment was opposed to the opinion of the majority.

Again, in 1865, there culminated a similar contest between physicians and again over a question of therapeutics, the minority holding extreme views, as was their right and privilege, as to the value of remedies found in the vegetable kingdom, and the majority holding that such views were unscientific and unwise. Again the state was invoked and as before the state again decided that in medicine men should be free and the physicians who then became eclectic physicians were given the privileges of forming societies, state and county, with the attending power of cen-

sorship. In reviewing this bit of the medical history of our state men frequently say that at such and such a time our state recognised the practice of homeopathy and of eclectic medicine. I think it a better judgment of history to affirm that in 1857 and again in 1865 the state of New York decreed that liberty of opinion was of the utmost importance for scientific progress, and that in science, in art, in medicine the individual should have liberty.

Three times within the last decade the dominant part of our profession has had opportunity to repeat the mistakes of the fathers of 1857 and of 1865, and three times we have been wise enough to avoid that fatal blunder; and by a wise opposition we have won the contest. Once we have opposed the Christian scientists and twice we have opposed the osteopaths and our opposition has been upon the same line in each case. We have held, and the state has held with us, that we did not care how a man should practise medicine, but that it was above all else expedient that before a man should undertake to practise medicine he should be tested by the state as to his age, moral character, preliminary education and his knowledge of the sciences of anatomy, physiology, pathology and the like. This plain proposition the legislators can comprehend and to this practical proposition the state gives its support. The refinement of choice whether a given case shall have medical treatment, homeopathic treatment, eclectic treatment, Christian science treatment, or osteopathic treatment is not a question for the layman, the legislator; but is and must ever remain a question for the physician, and that physician is likely to make the wiser choice who has the better knowledge of the art and the science of medicine.

You will remember that since 1806 the censorship of the medical profession has been in the hands of that profession. From the beginning county societies were given authority, first to regulate their own affairs relative to the admission and to the expulsion of members, and in later years the county societies have been given the added authority to see to it that the medical law of the state is duly enforced. The scope of that authority you will have clearly in your minds if you listen to a few lines from the public health law:

> No person shall practise medicine after September 1, 1891, unless previously registered and legally authorised or unless licensed by the Regents and registered as required by this article; nor shall any person practise medicine who has ever been convicted of a felony by any court, or whose authority to practise is suspended or revoked by the Regents on recommendation of a state board. . . .
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> The Regents shall admit to examination any candidate who pays a fee of $25 and submits satisfactory evidence, verified by oath, if required, that he (1) is more than 21 years of age; (2) is of good moral character; (3) has the general education required preliminary to receiving the degree of bachelor or doctor of medicine in this state; (4) has studied medicine not less than four full school years of at least nine months

each, including four satisfactory courses of at least six months each, in four different calendar years in a medical school registered as maintaining at the time a satisfactory standard. . . . (5) has either received the degree of bachelor or doctor of medicine from some registered medical school, or a diploma or license conferring full right to practise medicine in some foreign country. . . . Any person who, not then being lawfully authorised to practise medicine within this state and so registered according to law, shall practise medicine in this state without lawful registration or in violation of any provisions of this article; and any person who shall buy, sell or fraudulently obtain any medical diploma, license, record, or registration, or who shall aid or abet such buying, selling or fraudulently obtaining, or who shall practise medicine under cover of any medical diploma, license, record, or registration illegally obtained, or signed, or issued unlawfully or under fraudulent representations or mistake of fact in a material regard, or who after conviction of a felony, shall attempt to practise medicine, or shall so practise, and any person who shall append the letters M. D. to his or her name, or shall assume or advertise the title of doctor (or any title which shall show or tend to show that the person assuming or advertising the same is a practitioner of any of the branches of medicine) in such manner as to convey the impression that he or she is a legal practitioner of medicine or any of its branches, without having legally received the medical degree, or without having received a license which constituted at the time an authority to practise medicine under the laws of this state then in force, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not more than $250 or imprisonment for six months for the first offense, and on conviction of any subsequent offense, by a fine of not more than $500 or imprisonment for not less than one year, or by both fine and imprisonment. Any person who shall practise medicine under a false or assumed name, or who shall falsely personate another practitioner of a like or a different name, shall be guilty of a felony. When any prosecution under this article is made on the complaint of any incorporated medical society of the state or any county medical society of such county entitled to representation in a state society, the fines when collected, shall be paid to the society making the complaint, and any excess of the amount of fines so paid over the expense so incurred by the said society in enforcing the medical laws of this state, shall be paid at the end of the year to the county treasurer.

I have read this important law in your hearing that you may know the enormous scope of the work of the censors. For a full century our state, the Empire State of America, has had one consistent continuous advancing medical policy. Her purpose has been clear and plain—namely, that her people might have the services of a competent and a yet more competent, of an efficient and still more efficient medical profession. For a full century our state has steadily raised higher and higher her medical standard and at each step as the medical standard is raised, the scope of the work of the censor is enlarged, is widened, and the responsibility of censorship is increased.

In conclusion let me complete the answer to my question, "Why do we have censors and censorship in the profession of medicine?" Part of this answer has been made, the more important part remains to be spoken. I have tried to show you why our profession is attractive to the criminal; it remains to notice why the criminal, the fakir, the quack, gets the attention of the censors, gets censorship. In speaking to you of the medical history of our state I called your attention to blunders and mistakes which the fathers made with the homeopaths and the eclectics. These mistakes came from the head. In those contests the fathers' hearts beat true. Pride, honorable, creditable pride in our noble profession, led our fathers to the mistakes of 1857 and 1865. Pride, just, chivalrous, consecrated pride in our noble profession, —the pride which makes a man proclaim,—that in my father's family there are no bastards,—this is the reason why there has been, why there is, and why there ever will be censorship in the profession of medicine.

Young men, graduates of today, you have come into a goodly heritage, an honorable fellowship. As I look into your faces I read that which makes the future luminous with hope, splendid with ennobling ideals. The medical profession of the future will require less and less censorship.

The next toast, said the chairman, will interest everybody present because it deals with a "progressive" theme. He called upon Dr. T. H. McKee to speak for

"THE AUTOMOBILE."

When our honored toastmaster invited me to speak on the subject of the automobile, I wondered what in the world would be the use, reasoning in a childish sort of way that the audience would be divided into two classes—those who did not own a machine and would care nothing about them, and those who did own a machine and would think they knew all about them. But on further and more mature consideration, and in view of the intimate relations which you all hold towards these vehicles in your outdoor vocations, it seemed as though there might be a goodly number who would be willing to learn something *ex cathedra*, as it were, about these wonderful things which when you come to know and to be intimately associated with them, would almost tempt you to believe in the doctrine of the ancient Pantheists, and that they are endowed with a part of the soul universal, or mind, or intellect, call it what you will, capable of getting *en rapport* with your own. Indeed, unless we can accept some such theory, it becomes quite impossible to explain away many of the difficulties in understanding the lightning changes which take place in the character of certain machines, vagaries which can hardly be regarded as consistent manifestations of conduct of mere iron and steel, whose molecules are subject to well-

defined physical and chemical laws. A usually well-behaved, well-trained, genteel automobile will ofttimes suddenly show a disposition to run amuck with a ferocity which can be explained on no other theory than that of obsession.

Having arrived at the conclusion that there was an excuse for talking automobile, and recovered somewhat from the confusion of mind incident to being selected for so responsible and distinguished a task, an unknown insignificant member of the motor cult, with nothing to his credit as a chauffeur, never having maimed a citizen even, while there were so many men connected with the University and this Association who have performed some really astonishing feats—such as climbing a telegraph pole with a touring car, hitting the same post in the same spot twice in the same hour of the same day with a big Stanhope —to say nothing of such every day incidents as knocking over a horse and wagon without killing the occupants—I approach the subject with fear and trembling, with about the same sensation, indeed, as thrills the novice every time he attempts to start his new machine, or the young man as he takes the hand of one of his first loves prepared again to vow eternal fidelity, a sensation of delicious interest and curiosity, not unmingled with anxiety, for as he turns on the spark, and seizes the crank, the same old question flits before his mind, like the old, old story that is ever new, "Will she?" or "Won't she?" And generally she won't.

The automobile was expected and anticipated many centuries ago, but like every great and beneficent agency for modern civilisation, it was compelled to await the development of a suitable psychological environment. Then it came to stay. Away back in the days of ancient Nineveh, Nahum, being in prophetic mood, declared:

"Chariots shall rage through the streets,"

"They shall jostle one against the other in the broad ways;"

"They shall seem like torches, they shall run like lightning."

Now, it is more than evident that Nahum did not have in mind a $5,000 four-cylinder Packard with its gentle purr when he wrote that, but a Pierce motorette: no other chariot could adequately fill the description as to raging through the streets.

Then you have to come on down the historical line for several centuries for the next reference, to about the year 1485, when was given that wonderful prophecy with which you are all more or less familiar, and credited somewhat irreverently to a lady known as Mother Shipton. In the first lines she declares: "Carriages without horses shall go, and accidents fill the world with woe."

Then, of course, we should expect to find some reference to them in those marvelous literary productions which seem to embrace almost all lines of human activity, and sure enough Will Shakespeare, in Pericles, makes Helicanus say of Antiochus:

"Even in the height and pride of all his glory, when he was seated, and his daughter with him, in a chariot of inestimable value."

If that does not refer to an automobile, in the plainest terms possible, then shall we have to call in the aid of some form of specialised higher criticism to interpret the simplest lines of the English classics. There is no other form of vehicle known to historians, ancient or modern, for which you cannot almost instantly make a fair estimate of value. Not so with the automobile, because you have absolutely no means of determining what the cost of maintenance will be for twenty-four hours, nay, even for twenty-four seconds at a time; and Shakespeare, with his inimitable art of crystallisation, in describing it as a chariot of inestimable value, makes two inferences indisputable: first, that he referred to an automobile; and, second, that he knew the nature of it. If further confirmation be required, you have but to turn to The Merry Wives of Windsor, and there you find these pregnant words:

"Take all or half for easing me of this carriage."

The honor of inventing the first modern machine undoubtedly belongs to Cugnot, of Paris, who constructed one in 1769. You will note that this was before the days of the steam engine, yet this machine ran by steam; and that it belonged to the genus automobile is conclusively established by the fact that it tore down the fence or wall around the enclosure in which it was kept. No more convincing genealogical evidence would be demanded in any court of heraldry.

The American revolution which involved the English, French and Americans.—the only people, you will note, who were inclined to invent and perfect so great a time-saving contrivance,—absorbed all their attention for the next generation, to be almost immediately followed by the Napoleonic nightmare. So it was not until 1829 that the automobile reappeared, and this time in England. Previous to this, transportation in Great Britain had been monopolised by the canals with most exorbitant and oppressive rates,—probably with rebates,—but of that history sayeth naught. As a natural result of the necessity to overcome this monoply, railroads had been constructed, and were just nicely getting under way when the automobile appeared. Their stockholders and incorporators promptly scented danger to vested interest and prospective profits in the further development of the huge machines, which were scurrying about in the early thirties between London and nearby towns, some of them making as high as 35 miles an hour,—no mean speed for a modern car,—and lost no time in endeavoring by all means in their power to arouse antagonism against this new method of locomotion. England was at the time cursed with the doctrine of state rights in an aggravated form; that is, the different counties and boroughs seemed to have absolute jurisdiction over the vehicles which were permitted to operate on their several highways. All sorts of vexatious regulations were applied, to be consummated finally by a master stroke on the part of some rural Solon who, if among us today, would undoubtedly find fame—and fortune—in the legislature of the

state of New York, in an enactment which required every automobile to be preceded by a man on foot carrying a red flag. As the English have a peculiar habit of enforcing their laws, and are proverbially slow at seeing a joke, this promptly acted as an effective speed limit, and the automobile disappeared for all practical purposes for another fifty years, to reappear in France in the early seventies, where it received the impetus for its present vogue. You see, its intellectual environment was not yet ready for it.

But it is far from my intent to bore you with the history of the development of these things, so strangely human in their traits, but merely to point out that they were destined to play so high a rôle in the world's sociological evolution as to be foreseen, and in some measure anticipated, by the prophets and seers of all past ages; furthermore, that it has been reserved for you to have the high privilege of witnessing its rapid passage through those phases which mark the development of all civilising inventions, to be first the plaything of the wealthy, then the necessity of the poor. As to the part it shall play in the future, nothing short of omniscience should have the temerity to predict. Undoubtedly the greatest civilising factor of the past century, the greatest wealth producing agency, the most potent element in the diffusion of culture, and in the last analysis the most effective and eloquent peace advocate has been rapid transit; in other words, the annihilation of distance, so that the city of London is nearer to Buffalo tonight than was Detroit in the days of our grandfathers; and there are more people in this city tonight who have been immeasurably broadened and enlightened by a sojourn in distant China and Japan, than there were in those days who had visited the Mississippi river. The automobile is doing for every community locally what the railroad and the steamboat have been doing for the nations continentally.

As a healthful exercise, barring accidents, driving a machine at top speed has few equals. You who have not had experience may be mildly astonished at that statement, but I assure you that a day's driving, even about a city, will leave you at night with a ferocious appetite; while if you are nervous, irritable, tired, ready to war with all mankind, on the verge of neurasthenia, take out your car at night when you have a clear fair way, drive it for all there is in it, and you will come back—if you do come back—invigorated, rested, nerves steadied, at peace with the world, and ready for a night's sound sleep. Just think of it, you poor unfortunates, who are obliged to waste the beautiful seasons riding in street cars, what it will mean, a short time hence, to get out early on a Sunday morning, when the fruit trees are all enveloped in clouds of pink and white, and the caller air is laden with their fragrance, to see the sun rise and hear a myriad of songsters praising Almighty God for a world of delights that sluggish man can neither appreciate nor despoil, and at a good clipping gait make the run to Williamsville, back through the parks to see brown

bruin get his matutinal loaf, down to the Front, and home in time for breakfast with the rest of the family, with an appetite and a disposition of so noble a character as to astonish even those who are accustomed to your performances!

But alas! the law of compensation steps in with the automobile as in all human affairs and decrees that even this great good cannot be regarded as an unmixed blessing. In fact, a severe arraignment may be made against it, on the ground that its tendencies are decidedly towards race suicide, not only individually, but collectively; in that it was never intended, nor is it in any wise adapted to the important and serious business of love-making. The trend of present social developments is all against marriage, and the explanation is exceedingly simple. A man almost never marries a human being; he falls in love with an ideal which he has contrived to build up with some fair one as a nucleus, and if he reaches the crucial point before the mists of ideality have been dissolved he is booked for life, or until freed by due process of law. But if he wait too long, that is until the ideal investments have dropped away, and he has nothing left but the mere human, there probably will be no wedding; and the oftener this occurs, the less the probability that there ever will be one for that individual. Now that is just where the automobile gets in its pernicious work. The young man who has one hand on the steering gear, the other on the throttle, one foot on the brake, and the other on the bell or reverse, with mind intently bent on nails, broken horseshoes, holes in the road, broken glass, children, dogs, and the like, with an ever present consciousness of $150 to $300 worth of rubber in jeopardy beneath him, the while trying to figure out whether the occasional missfire is due to a battery connection, a sooty plug, a trembler spring, or trouble in the carburetter, is not in an advantageous position to play the part of Romeo; and the girl in goggles and dust colored coat, with hair pointing to all the stars in the milky way, trying to carry on a conversation in a voice pitched above the roar of the machinery, with a youth so intently preoccupied as the one in question, is not a subject which can be readily idealised. And then there are incidents, incidents which are prone to occur. For instance, if a tire blow out, or a valve break, or an infinitesimal drop of water gets into that carburetter, or one of a dozen other things happens, which surely will happen in due time, and the ideal has to sit by the roadside fanning her rosy countenance with a burdock leaf, while she makes crazy suggestions about the machinery, and Apollo works and perspires, and says things audibly or inaudibly, it gets too perilously near to a realisation of the prayer of the immortal bard when he begged:

"O wad some power the giftie gie us
To see oursel's as others see us."

Under such circumstances the automobile can never be regarded in the light of a matrimonial accelerator.

Finally, gentlemen of the graduating class, as prospective experimenters in the near future with this many-sided mechanism, I cannot refrain from giving you a bit of what might not inaptly be styled comparative philosophy which was taught me by one of your professors,—whose opinions we all highly esteem,—before I ever owned or drove a machine of my own, but whose observations I have since been compelled to confirm. He would usually begin his homily with the following text: "Mac, there are no two things in heaven above or the earth beneath, so far as the evidence goes to show, that are so much alike as an automobile and a woman." And then he would proceed to elaborate something after this fashion:

You see both are constructed with the most finely adjusted and delicately balanced mechanism of their species; both are endowed with a mind inscrutable. You study out a certain train of symptoms, and decide that they indicate a given something wrong with the machinery. You wait triumphantly for that given something with its former train of symptoms to go wrong again, for you will know just where to put your finger on the cause of the trouble; and behold the trouble comes, and the symptoms appear exactly as expected; then you get out your screwdriver and your wrenches, and put your finger on the cause of the trouble; but, like the Irishman's pulex irritans, it isn't there, it is somewhere else. And that experience you will keep repeating no matter how long you run a machine, and that, my young and unsophisticated friend, will be your experience, no matter how long you live with a woman.

Then the machine would stop, and after half to three-quarters of an hour's hard work, and we were aboard and nicely under way, he would proceed with his analogy:

When an automobile misbehaves, you cannot force the issue; it must be induced gently to take up its burdens. If you become too hasty, or strenuous in your management, bad results, and costly, not to say dangerous will follow. You may save yourself a world of trouble if you will apply the same rule in dealing with your wife:

"For where's the man who has the power or skill
To stem the torrent of a woman's will?
For if she will, she will, you may depend on't,
And if she won't, she won't,
And that's the end on't."

Every spring it will require about a hundred dollars, or a little more, for new tires, a coat of paint, and a few sundries. About the same time, the lady of the house will require a new gown, an Easter bonnet, and a few sundries,—about a hundred will do it. When the automobile is possessed of a proper spirit and attending strictly to its automobile business, and not interfering with yours, it is the most efficient assistant, and the greatest comfort in life, bar one; when the presiding genius of the household is in amiable mood, attending strictly to her wifely duties, not running a caucus of suffrage clubs, she is the one, bar none.

Thus he would go on as we rode from day to day, ever eliciting new and striking parallels, and winding up with Pope's apostrophy to both:

"Hail wayward queen
Who rules the sex to fifty from fifteen,
Parent of vapors and of female wit,
Who gives the hysteric or poetic fit,

On various tempers acts in various ways,
Makes some take physic, others scribble plays,
Who cause the proud their visits to delay
And send the godly in a pet to pray!"

The witticisms of Dr. McKee's speech were received with shouts of laughter during its delivery, and generous applause was accorded the speaker at the finish.

The next toast the chairman said was of great importance to physicians and he called upon Dr. William Warren Potter to respond to

"THE PRESS"

which he did in the following words:

While sitting here listening to these very entertaining speeches, my mind carried me back thirty years,—pardon me if I grow a trifle reminiscent,—to the first public meeting of the Alumni Association, which was held almost on this very spot. Saint James's Hall, which stood on this ground, was the scene of a brilliant gathering February 23, 1875. Its capacity was 2,500 and it was filled to its limit. It was then the custom to have two addresses from the stage on commencement night. Dr. James P. White delivered the doctorate address and it fell to my lot to give the address to the association.

Indeed, it may not be inappropriate for me to state that I had something to do with organising the Alumni Association. I proposed the scheme about 1870 in a letter to my relative and friend, Prof. M. G. Potter, and later he and some others took the matter up. But it was not until 1875, that plans crystalised sufficiently to begin operations as a corporate organisation.

Do not understand that I lay claim to being the "sole inventor" of the association, or the sole responsibility for its existence in the sense that the Kentuckian claimed to have instigated a riot. Being questioned on the witness stand, he said: "I orter know something about it, I got it up."

I did not get it up in this sense, but what is of supreme satisfaction to me, in view of the importance of the association and the work it has done for thirty years, is that I did play a part, humble though it may have been, in organising and putting upon its feet this splendid association.

But I must not forget the subject you have assigned to me—"The Press." I shall speak of the medical press which is the only branch of the press of which I have any knowledge. Here, again, I must crave indulgence if I relate a bit of history. This sentiment is closely allied to the history of the Buffalo Medical Journal, and the history of the Journal is again intimately associated with that of the medical college,—the Medical Department of the University of Buffalo. Some of you will recall the fact that the Journal was established in 1845, and that the college began its career in 1846, both practically being established by the same

men. For ten years the Journal was edited by that distinguished teacher of practice, Dr. Austin Flint, and the chief contributors to its columns were the faculty of the college.

In 1853, Dr. Sanford B. Hunt became the associate of Dr. Flint in the conduct of the Journal, and for the next two years was responsible for its progress. In 1855, when Dr. Flint retired, Dr. Hunt became sole owner and so continued until 1858. It was my good fortune to become Dr. Hunt's pupil in 1855, and perhaps it was through the influence of this environment that editorial work became attractive to me in later years.

In 1858, Dr. Austin Flint, Jr., assumed control, continuing for two years and then came trouble. Dr. Flint's interests were principally in the city of New York, and he put the publication of the Journal into the hands of an ambitious druggist, who soon swamped it and it disappeared from the field for a few months. It was revived by Dr. Julius F. Miner, in 1861, and continued in his hands until 1879, though edited a part of the time by Dr. Edward N. Brush.

Dr. Miner's failing health caused him to part with the Journal and it passed into the hands of a syndicate, consisting of Drs. Lothrop, Davidson, Howe, Mynter, and Van Peyma. A little later, Drs. Howe, Mynter, and Van Peyma withdrew, and Drs. Lothrop and Davidson became its owners, with Dr. Davidson as managing editor. Upon Dr. Davidson's death in 1888, his part of the Journal passed into my hands, at which time I assumed its editorial management. A few years afterward I purchased Dr. Lothrop's interest, since which time I have been sole owner, editor, and proprietor of this venerable, but always youthful representative of the medical press, now nearing the close of its sixtieth year of publication.

My object in tracing briefly this history has not been without purpose. I wish to point out the fact that for 34 years—namely, from 1845 to 1879, the interests of the college and the Journal were closely allied, each being under control of a common influence and each seeking the promotion of the other's welfare. But, in 1883, with the establishment of Niagara Medical College, came the parting of the ways, and for the next five years, the editors being professors in the new institution, the Journal practically became an organ of the Niagara college.

When I assumed the managing editorship in 1888, I began a systematic attempt to narrow the breach that had been created between the Journal and the profession, through the differences of the two medical colleges. Finally, upon the disappearance of Niagara medical school in 1898, there was no longer a formidable barrier to the accomplishment of this purpose. Nevertheless, the feeling which ran so high among the leaders and which continued for 15 years, made it a difficult task. But I have never despaired of ultimate success; and the present seems to be an appropriate occasion on which I may make an appeal, not only for a closer unity of the profession of medicine in Buffalo, but for the unani-

mous support of the faculty and alumni of the medical department of this great university. The Journal can make itself useful to you, and I am sure you can make yourselves useful to the Journal. Let us then strike hands in a common warfare against the inroads of disease, for the promotion of the public health, and in the interests of higher medical education! In these remarks, be it understood, I make no reflection upon Niagara University Medical College. Her numerous alumni of distinction, here and elsewhere, testify to the strength of that institution. She performed a part in elevating the standard of medical education in this state, and when her services were no longer required she gracefully retired from the field and her teachers were joined to the Buffalo University.

I must again crave indulgence for introducing a delicate topic, but it must be incorporated as an essential part of the discussion of this subject. No matter how loftily, no matter how scornfully, the soul may look down upon the filthy lucre, the hand is ever open for its reception. There are two things that must be fed to the press, or it will stop: these are, copy and money. There is no more inexorable creditor than the printer. He must have his money and have it *now*, or he will cease to set type. The printing bills of a monthly periodical must be paid every month or else the press will stop. Postage, too, is another item on the "no trust" side of the account. It costs 24 cents a year to deliver every Journal in this city,—more than it does to send it to San Francisco,—and when this is multiplied several hundred times, it shows a yearly outlay of magnitude. In spite of many perplexities, it is the pride of the Journal which I have the honor to represent, that it pays its bills when due and reaches its subscribers with regularity and promptitude. Unless these two conditions are met, no journal can survive for very long.

The other demand of the press is for copy, which is only second to its outcry for money. Original contributions must be read and corrected; discussions must be edited; society proceedings reported by the several secretaries thereof and supplied with promptitude; abstracts must be prepared; editorial material written; books must be reviewed; an aggregation of miscellaneous duties performed; and, finally, proof must be read, not once but many times,—all these and much more are necessary to make up the magazine in presentable form. And yet, almost everybody thinks he can edit and manage the magazine better than the editor.

Let me venture here, to offer a little advice. In that clever love story by Hamlin Garland, entitled, "Her Mountain Lover," the hero, Jim Matteson, in a conversation with his cultured partner, who wishes to pack him off to Europe to promote a mine in which they are interested, and who suggests that he need not fear the voyage as his wife will give him good advice which will prevent sea sickness and other discomforts, is made to say—"Advice wont hurt a feller if he don't foller it, will it?" The advice I wish to offer, especially to the recruits that have been

mustered in today, is to subscribe for your home journal, pay your subscriptions promptly, send your contributions to it, and supply it with all the news items of which you become possessed. It will take an interest in you and promote your professional welfare, and in return you must take an interest in it and promote its welfare. This applies to whatever location you may select. It may not be backed by a large publishing house, hence cannot furnish hundreds of reprints in return for your contributions, but it can and will benefit you in far more important ways.

Do not feel, before you contribute to its columns, that you must discover some new disease or method of treatment; for there is nothing new under the sun. The most that is new is either in description or location, something that is known as having already existed and is given either a new name or a new place. In order to entertain the subscribers of a journal a variety of subjects must be printed during the year. Some desire articles on medicine, some on surgery, some on gynecology, and others are interested in prescriptions, hence I repeat, the entire field of medicine must be covered in order to satisfy the various wishes of readers.

Since the Buffalo Medical Journal was established, other journals have entered the field in this city and in turn have disappeared after more or less brief careers, leaving the old journal as the only oracle of the profession between Albany and Detroit on the one hand, and Toronto, Pittsburg and Cleveland on the other. It appeals to every alumnus for support, not in the spirit of mendicity, but as deserving the loyal adherence of each from its own inherent worth, and because, further, that it can and will render quid pro quo, thus making the interests reciprocal. The joy of doing should be the medical editor's ideal—his shibboleth—but a large subscription list gives practical effect to his joyful career.

According to the distinguished regius professor of medicine at Oxford, if he is correctly reported, the journal, not to say its editor, having reached the age of 60 years, should be put to its eternal rest by an euthanasia secured through a delightful anesthetic. Perhaps the editor is an appropriate candidate for that charming method of shuffling off, but not the journal, which I trust will continue on and on during many future years to be the exponent of progress in medical science. The profession of Buffalo is a stalwart body of medical practitioners, not excelled by that of any other American city of similar size. It is not difficult to believe that the medical college and the journal have contributed in a large measure to this superb condition; and may the future witness these two exponents of medicine working side by side, even hand in hand, endeavoring to solve the problems that are still to be unfolded in the realm of science!

Dr. Rochester asked the assemblage to join in singing the "Star Spangled Banner," which was done; and then he an-

nounced that the festivities were over. And so ended, amid much enthusiasm, the annual meeting of 1905.

The following names were registered as attending the meeting, May 3-4, 1905:

1875 J. H. Greene, Dubuque, Ia.
1859 Wm. Warren Potter, Buffalo
1891 DeWitt H. Sherman, Buffalo
1865 Henry Lapp, Clarence
1895 Sidney D. Wilgus, New York
1895 W. Grant Cooper, Ogdensburg
1885 Wm. J. Coyle, Windsor Locks, Conn.
1895 C. A. Weinbach, Buffalo
1888 A. L. Benedict, Buffalo
1893 A. T. Lytle, Buffalo
1884 DeLancey Rochester, Buffalo
1889 Grover W. Wende, Buffalo
1900 Edgar R. McGuire, Buffalo
1902 Wm. Ward Flummer, Buffalo
1866 E. L. Shurly, Detroit, Mich.
1888 E. H. Tweedy, Buffalo
1898 Charles L. Preisch, Lockport
1901 H. R. Trick, Buffalo
1885 Walden M. Ward, N. Collins
1866 M. B. Shaw, Eden
1889 Herbert U. Williams, Buffalo
1901 J. B. Frisbee, Buffalo
1875 J. P. Colgrove, Salamanca
1848 P. K. Stoddard, Prattsburg
1895 M. Axford, Buffalo
1893 Franklin W. Barrows, Buffalo
1885 Sewell A. Brooks, N. Java
1902 Charles A. Bentz, Buffalo
1895 Marshall Clinton, Buffalo
1875 H. J. Ashley, Machias
1897 L. E. Curtice, Buffalo
1874 Wm. J. Howe, Scottsville
1902 J. H. Kellogg, Bemus Point
1869 George W. Pattison, Buffalo
1871 D. W. Harrington, Buffalo
1899 Geo. S. Staniland, New York
1865 O. A. Tompkins, Randolph
1882 Eli H. Long, Buffalo
1901 Arthur Eisbein, Buffalo
1894 Cora B. Lattin, Buffalo
1903 Lawrence A. Highland, Buffalo
1895 L. C. Green, Panama
1884 W. J. French, Hamlet
1885 James F. Sherman, Rochester
1902 Edward C. Mann, Buffalo
1898 Thomas H. McKee, Buffalo
1885 F. T. Noeson, Bear Lake, Pa.
1895 W. G. Grove, Buffalo
1885 J. C. Wheeler, Buffalo
1895 M. F. Mudge, Johnson's Creek
1895 Wm. J. Austin, Perry
1895 R. Kimpton, Buffalo
1902 Otto K. Stewart, Canisteo
1902 George W. Seitz, Buffalo
1891 F. H. Van Orsdale, Belmont
1900 J. B. Young, Buffalo
1896 N. L. Burnham, Buffalo
1895 R. H. Fisher, Spencer
1891 W. H. Loughhead, Jr., Nile
1848 A. G. Ellinwood, Attica
1885 A. H. Baker, Elmira
1870 Charles Meine, Germania, Pa.
1851 Thos. D. Strong, Westfield
1875 Z. J. Lusk, Warsaw
1897 F. C. Busch, Buffalo
1901 T. M. Leonard, Buffalo
1895 G. N. Jack, Depew
1895 C. L. Randall, Franklinville
1891 Irving W. Potter, Buffalo
1872 Robert Hebenstreit, Buffalo
1894 H. C. Rooth, Buffalo
1883 Wm. H. Thornton, Buffalo
1891 Jane W. Carroll, Buffalo
1885 Frank F. Dow, Rochester
1875 Wm. P. Clothier, Buffalo
1883 B. G. Long, Buffalo
1878 B. S. Swetland, Brockton
1891 Gertrude E. Beebe, Buffalo
1880 W. R. Campbell, Niagara Falls
1892 Benj. W. Readshaw, Buffalo
1879 Benj. F. Rogers, Buffalo
1876 B. H. Putnam, North East, Pa.
1887 Eugene A. Smith, Buffalo
1887 F. H. Stanbro, Springville
1897 W. L. Phillips, Buffalo
1890 C. J. Reynolds, Buffalo
1884 George F. Cott, Buffalo
1904 Robt. F. Sheehan, Jr., Buffalo
1889 E. A. Forsyth, Buffalo
1898 F. W. Filsinger, Buffalo
1886 A. L. Richman, Morton
1883 R. W. Bamber, Waterport
1884 E. M. Shaffner, Great Valley
1887 Fridolin Thoma, Buffalo
1878 Charles G. Stockton, Buffalo
1893 A. E. Woehnert, Buffalo
1889 Allen A. Jones, Buffalo
1897 Chas. J. Rosengren, Buffalo
1899 W. W. Grantier, Buffalo
1893 J. Ullman, Buffalo
1889 Henry J. Mulford, Buffalo
1888 Henry C. Buswell, Buffalo
1888 G. H. McMichael, Buffalo
1881 C. C. Frederick, Buffalo
1866 Conrad Diehl, Buffalo
1873 Joseph Fowler, Buffalo
1897 Charles J. Mengis, Buffalo

1875 H. F. Fullerton, Buffalo
1904 J. A. Ragone, Niagara Falls
1895 Chas. R. Borzilleri, Buffalo
1889 A. W. Henckell, Rochester
1889 J. E. Widner, Chicago, Ill.
1882 Sarah H. Perry, Rochester
1880 Mary J. Slaight, Rochester
1895 J. Anderson, Cleveland, O.
1867 Henry R. Hopkins Buffalo
1896 Myron M. Metz, Williamsville
1895 N. G. Russell, Buffalo
1895 B. H. Brady, Buffalo
1896 Avery K. Brodie, Brooklyn
1880 Joseph Morris Lewis, Elba
1883 C. E. Bowman, Alden
1888 Henry G. Bentz, Buffalo
1889 John R. Gray, Buffalo
1878 Ernest Wende, Buffalo

The following classes held reunions:

Class of 1865—President, George M. Palmer, Warsaw. In attendance—Henry Lapp, Clarence; Orrin A. Tompkins, Randolph.

Class of 1875—President, Joel H. Greene, 481 Locust street, Dubuque, Ia. In attendance—Joel H. Greene, Dubuque, Ia.; Harmon J. Ashley, Machias; William P. Clothier, Buffalo; John P. Colgrove, Salamanca; Henry F. Fullerton, Buffalo; Zera J. Lusk, Warsaw.

Class of 1885—President, Francis S. Comfort, Campden, Ont., Can. In attendance—Asbury H. Baker, Elmira; Sewell A. Brooks, North Java; William J. Coyle, Windsor Locks, Conn.; Frank F. Dow, Rochester; Frank T. Noeson, Bear Lake, Pa.; James F. Sherman, Rochester, N. Y., Walden M. Ward, North Collins; James C. Wheeler, Buffalo.

Class of 1895—President, Sidney D. Wilgus, 47 East 58th street, New York. In attendance—Sidney D. Wilgus, New York; Montressor Axford, Buffalo; Charles R. Borzelleri, Buffalo; W. Grant Cooper, Ogdensburg; Robert H. Fisher, Spencer; LeRoy Green, Panama; W. G Grove, Buffalo; George N. Jack, Depew; Charles L. Randall, Franklinville; N. Gorham Russell, Buffalo; Christian A. Weinbach, Buffalo.

Class of 1895 (Niagara)—President, Murray F. Mudge, Eagle Harbor. In attendance—Murray F. Mudge, Eagle Harbor; John Anderson, 405 Lincoln avenue, Cleveland, O.; William James Austin, Perry Center; Bernard H. Brady, Buffalo; Marshall Clinton, Buffalo; Richard Kimpton, Buffalo.

Class of 1855—President, Webster Wynn, Dixon, Ill. No member present.

TOPICS OF PUBLIC INTEREST.

Defeat of the Osteopathic Bills in New York and Pennsylvania.

PENNSYLVANIA.

THE osteopaths, through well organised effort, have appealed to a number of state legislatures for recognition. Bills almost identical in verbiage were introduced in several of the state legislative bodies, the purport of which was to confer upon the persons who practice osteopathy the same privileges as are accorded "other physicians" under the public health laws, and the creation of separate state boards of osteopathic examiners.

In Pennsylvania the bill, modified in some particulars, passed both houses of the legislature and went to the governor for his

action. Governor Pennypacker, after hearing both sides and giving the matter mature deliberation, vetoed the bill, giving his reasons therefore in the following language:

I file, herewith, in the office of the secretary of the commonwealth, with my objections, Senate Bill No. 115, entitled "An Act to regulate the practice of and licensing of osteopaths in the state of Pennsylvania, the establishment of a board of osteopathic examiners representing the Pennsylvania Osteopathic Association and providing for the punishment of persons violating the provisions of this act."

The purpose of this bill is to establish a state board of osteopathic examiners, to consist of five members to be appointed by the governor. This board is directed to issue certificates of qualification to practise osteopathy to all applicants having a diploma from a legally recognised and regularly incorporated college of osteopathy. It further provides that licenses shall be issued to all persons who have practised osteopathy in the state for four years prior to July 1, 1905, and to such persons as now legally hold a diploma from a reputable and legally conducted college of osteopathy. It further provides that the applicants after July 1, 1905, shall have attended for at least three separate years such a college of osteopathy and shall be examined by the board in certain designated branches, and that those who apply after July 1, 1907, shall in like manner have studied for four separate years and submit to such examination.

Section 7 provides that "any person who shall practise or attempt to practise osteopathy in treating diseases * * * without having first obtained the license herein provided for * * * shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than one hundred dollars or by imprisonment in the county jail for a period of not more than ninety days for each offense."

There is nothing in the bill to indicate what constitutes the science of osteopathy. An effort to solve the query by an examination of the printed literature of the science is not very successful. Dr. A. T. Still, who is the founder of the science and is still living, in his autobiography, says, "Who discovered osteopathy? Twenty-four years ago, the 22d day of next June, at ten o'clock, I saw a small light in the horizon of truth. It was put in my hand, as I understood it, by the God of nature. That light bore on its face the inscription: 'This is my medical library, surgery and obstetrics. This is my book with all directions, instructions, doses, sizes, and quantities to be used in all cases of sickness, and birth, the beginning of man: in childhood, youth and declining days.' I am something of what people call 'inspired.' * * * The other classes have different names for it—clairvoyance and clairaudience. Sometimes I was so clairvoyant that I could see my father twenty miles from home: I could see him very plainly cutting a switch for my brother Jim and

I, if we hadn't done a good day's work. That is called clairvoyance. Then I could hear him say: "If you don't plow faster I will tan you twice a week.' That is clairaudience." In his Philosophy of Osteopathy, he says: "Principles to an osteopath means a perfect plan and specification to build in form a house, an engine, a man, a world, or anything for an object or purpose. To comprehend this engine of life of man which is so constructed with all conveniences for which it was made, it is necessary to constantly keep the plan and specification before the mind, and in the mind, to such a degree that there is no lack of knowledge of the bearings and uses of all parts."

However true this may be, it is too indefinite to give the ordinary layman any very accurate description of the science. Since the bill refers to other schools for the practice of medicine, it is probably a school and it appears from section five that the holders of certificates are not to prescribe or use drugs or operative surgery. The main reliance would appear to be upon the manipulation of muscles and nerves, but this conclusion is entirely an inference and may be incorrect. It must be assumed, however, that there is some scientific truth which those interested in osteopathy have discovered and that it is utilised in the treatment of diseases. The study of medicine and surgery has been conducted for ages, and we have much legislation which is applicable to its conduct. Under the act of May 18, 1893, a medical council was established which issues licenses after examinations, authorising the applicants to practise medicine and surgery. If then osteopathy represents some truth in the treatment of disease, the knowledge and use of which would be beneficial to the diseased and the injured, with what consistency can these practitioners be prevented from making such use of it? Why should their patients be deprived of such benefit as may result from the discovery? If, however, this bill should become a law, the physician who would practise or attempt to practise what the osteopaths have discovered would be punishable by imprisonment for ninety days. This would be possibly a great loss to the community and certainly a great wrong to the physicians. The whole thought of the establishment of "schools" of medicine is unscientific. All of those engaged in such pursuit ought to be seeking to ascertain the truth and to accept it wherever it may be found. The approval of this bill would appear to give the authority of the state to a system of practice in the healing art which excludes the use of medicine and the use of surgery. Why should there be an attempt to so confine the operations of the mind? If both drugs and surgery are useless they may be rejected, but if they should at times be found to be beneficial why should any science for the enforcement of a theory make the effort to exclude their use?

Should the bill become a law licenses would be issued by the state board of osteopathic examiners and not by the medical coun-

cil of Pennsylvania, which would be an anomaly in our legislation upon the subject. For these reasons the bill is not approved.

We take pleasure in printing the text of Governor Pennypacker's veto in full, for the reason that it is a model of clearness and betrays the proper conception of the relationship between a state executive and the medical practice laws. It is a pity the governors of some other states do not have the same respect for the statutes regulating the practice of medicine that Governor Pennypacker possesses.

NEW YORK.

In the state of New York the campaign was waged by the osteopaths much on the same lines as in Pennsylvania and other states. It is probable that they put up the best fight that was in them. They were fortunate in having secured one of the older senators, speaking from the standpoint of senatorial service, to introduce their bill and to champion it through the several stages of committee action up to final vote in the senate.

It seems almost inconceivable that such a monstrous measure should ever endanger the fair name and fame of the Empire State; but it came within two votes of passing the upper house. The senate is composed of 50 members and under its rules 26 votes are required to pass a bill. This mongrel, in expression and meaning, was put upon its final passage April 25, 1905, at which time it received 24 votes. The *Evening Sun* (New York) of that date published the following despatch which we print in full, including the headings:

Osteopathists Lose.

SENATE KILLS THE BILL GIVING THEM RECOGNITION.

Albany, April 25.—Senator Davis's bill, placing osteopathy under the jurisdiction of the state board of regents and compelling all masseurs in this state to pass an examination, was defeated in the senate today by a vote of 24 ayes to 19 noes, two less than the number required to pass the bill. The osteopathists have been trying to get legislative recognition for some years and came nearer this year than ever before.

The vote was as follows:

Aye—Messrs. Ambler, Brackett, Burr, Cassidy, Davis, Dooling, Fechter, Fitzgerald, Frawley, Gardner, Gates, Goodsell, Grady, Hasenflug, Hawkins, Hinman, Keenan, Kehoe, L'Hommedieu, McCarren, Raines, Riordan, Tully, and Wilcox—24.

Nay—Messrs. Armstrong, Brown, Carpenter, Coggeshall, Cordts, Cullen, Drescher, Fancher, Foley, Lewis, Malby, Marks, Martin, McEwan, Page, Saxe, Warnick, and White—19.

Absentees were Allds, Barnes, Cooper, Elsberg, Hill, Prime, and Stevens.

Another effort will be made to pass the bill.

We are unable to learn that the senior senator from Erie county, notwithstanding the threat implied in the last paragraph of the *Sun's* despatch, ever made a second attempt to pass the bill. To the legislative committee of the medical society of the state of New York, supported by similar committees representing the other state societies and the county auxiliaries, the medical profession of the Empire State is indebted for this escape from the worst blot on its escutcheon that has ever threatened it.

Senator Horace White, of Syracuse, led the opposition to the bill on the floor of the senate on the day in question in a masterful manner, and to his skill in debate and parliamentary practice, we owe, in large part, the defeat of the bill in the senate, which in reality settled its legislative status.

Fever at Panama.

THAT there is some yellow fever at Panama is not surprising. It would, all things considered, be surprising if there were none. Down to a year ago the sanitary state of the isthmus was simply appalling. The wonder is that the whole place was not more plague scourged than it was. To make it quite healthful within a single year would, in the most favorable circumstances, have been a remarkable achievement. But the circumstances have not been most favorable. In some respects they have been unfavorable. We have already commented upon the report upon the subject which was made by Dr. C. A. L. Reed. Injudicious and intemperate as was that document in some respects, it contained much truth and set forth convincingly the unwarranted difficulties with which our heroic health officers on the isthmus have had to contend. . . . . .

That there is some yellow fever down there is not discouraging, either. Despite all the delay, our administrators are making progress in the introduction of water into the cities and the creation of sewers and the paving of the streets. Before the end of this year such works will be done. Then we may confidently expect marked improvement in health conditions. The reorganisation of the canal commission will unquestionably result in expedition of the work and in the giving to the health officers a freer hand in the prosecution of their labors. People ask why Colonel Gorgas could not have eradicated yellow fever there as promptly as he did at Havana. The answer is that he has not had at Panama the free hand that he had in Cuba. Besides, Panama is much further south than Havana, and some of its natural and acquired conditions are much worse. Nevertheless, give him a fair chance—and we shall see what we shall see.—*The Tribune.*

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 284 FRANKLIN ST., BUFFALO, N. Y.

VOL. XLIV.—LX. JUNE, 1905. NO. 11

The University of Buffalo.

ELSEWHERE we publish in considerable detail the proceedings of commencement week at the university, including the work and play of the alumni association. There are, however, some things which took place not included in our report or are mentioned only incidentally, and which we desire to elaborate or accentuate in this place.

To begin with, it should be noted that the alumni proceedings occupied two days, the most of which time was devoted to clinics at the several hospitals and in the university amphitheaters. This experiment proved successful in general and only imperfect in minor particulars incident to all innovations. If any mistake was made it was in attempting to accomplish too much in the narrow limit of time at disposal. In our opinion it would be wise another year to extend the meeting to include an entire week with clinics morning and afternoon, scheduled in such a way that the entire body may attend each clinic if desirable. In other words, we think it would be well to utilise all the available part of commencement week in a way that would give it the character of a postgraduate course. In this way the attendance at the alumni meeting would be increased we believe; or, if not, the college would derive an indirect benefit from the attention attracted to it by this quasi postgraduate term. This is a subject that deserves to be carefully matured and, if adopted, definitely announced for a sufficient period beforehand, to enable the alumni residing at a distance to make plans for attendance.

Another important feature relating to the welfare of the university was the announcement made by Professor Mann, at the evening session of the alumni association, that the term would be increased to eight months and the teaching day shortened one

hour. The addition of a month to the term is wise action and the shortening of the lecture day relieves the students of overwork and especially of overstrain. The increase in marking percentage to 75 as a minimum also is in the line of progress.

It was also announced by Dr. Mann that in future the Buffalo Medical Journal would be in closer touch with the university than had been the case for some time past. There is every reason to expect, he continued, that the entente cordiale reëstablished would prove to the mutual advantage of both Journal and university. The arrangement made with the editor, he said, did not change in any way the management of the Journal, but it did mean that the alumni, if loyal to the university, would also lend support to the Journal by contributions of papers and subscriptions. The editor of the Journal in his remarks at the alumni banquet, made further reference to the restored community of interest between the university and the Journal.

One of the absorbing questions relating to university interests is the establishment of a department of letters or liberal arts. This has been discussed at various times and again has been dropped as being inexpedient. Now, however, the time seems ripe for fighting the campaign to a successful conclusion. The alumni of the several large universities in the United States, residing in this city, have organised under the title of the associated Alumni of Buffalo, and are making an aggressive canvass relating to university extension. Committees have been appointed to investigate various phases of the proposition, which are named elsewhere. The president of the medical alumni association, Dr. DeLancey Rochester, also appointed a committee from that body to coöperate with the others, the names of which are D. W. Harrington, '71, chairman, and Thomas H. McKee, '98, of Buffalo; and W. R. Campbell, '80, of Niagara Falls.

Vice-chancellor Norton made university extension the burden of his speech at the alumni banquet, the substance of which we publish in another part of the Journal and to which we invite most considerate attention. The outlook for a consummation of this devoutly to be desired expansion of the university equipment seems favorable. Let every person attached to the teaching body of the department of medicine manifest an interest in its success. Every individual holding relationship to the college and hospitals should make it a paramount duty to attend the alumni association meetings, and thus testify to a personal zeal in the success of everything that pertains to building up a strong university in the city of Buffalo.

One more thought: it would seem to us a good plan to make the commencement exercises of the department of law coincident

with the other departments. If all graduation ceremonies were held at the same time and place it would tend to consolidate interests and to concentrate energy.

We make no apology for the abundant space we have appropriated elsewhere in reporting the college and alumni proceedings: it is a subject in which every Buffalo physician as well as every alumnus of the university should take interest.

The Portland Meeting of the A. M. A.

THE time appointed for the American Medical Association meeting at Portland, Ore., July 11 to 14, 1905, is near at hand. Those who have not already done so must soon make choice of routes of travel to and from the meeting. The rates are more favorable than ever and it is expected from the reports from all parts of the country that the attendance will be unusually large.

The grand scenery of the Rocky mountain district, the speed and luxury of railway trains, the Lewis and Clark Exposition at Portland, and finally the scientific and social features of the meeting itself, all conspire to make it an attractive summer holiday for physicians and their families. Never before have the rates been so low, nor have the facilities been so comfortable for a transcontinental journey as now. It is the duty of every American of culture to become familiar with his own country. The trip now in prospect is both instructive and healthful.

In our advertising pages will be found information as to routes. The Wabash, the Northwestern, the Union Pacific, and the Wisconsin Central are all in the field with attractive schedules. We advise our readers to look up the subject at an early day, lest some of the choice selections be made by those who appreciate the advantages of so doing before they are appropriated.

THE associated alumni of Buffalo, organised in the interest of university extension, at a recent meeting held at the university club, created the following committees: executive committee, John Lord O'Brian, chairman.

To investigate cost of maintenance of arts and technical courses in the smaller colleges: J. N. Larned, chairman; Francis Almy, Frederick J. Shepard, G. A. Ricker, Harry L. Taylor.

To report on demand for higher education in Buffalo among men who cannot attend out-of-town colleges: Arthur Detmers,

chairman; Frank S. Fosdick, Henry P. Emerson, M. A. G. Meads, Frederick A. Vogt, Daniel Upton.

Publicity: Charles P. Norton, chairman; Edwin S. Fleming, Edward D. Strickland, Frank Hyatt Smith, Frank H. Severance.

Speakers: John Lord O'Brian, chairman; Charles P. Norton, George F. Buck.

President O'Brian of the executive committee was empowered to add to the committee a representative of each college whose Buffalo alumni are not now represented on the committee.

Mrs. Louisa Busch, of Buffalo, was lately tried before Justice Childs and a jury in the criminal term of the supreme court, on an indictment charging her with illegally practising medicine. She was defended by Eugene L. Falk. The case had been heard previously in police court and the defendant was released on suspended sentence. The Medical Society of the County of Erie, through its attorney, Mr. John Lord O'Brian, brought the case to the notice of the district attorney, who secured an indictment and conviction. Some of the testimony was amusing.

Part of Mrs. Busch's defense was the swearing of character witnesses. One of them was a Genesee street saloonkeeper, named Fribolin.

"Do you know the reputation of Mrs. Busch for truthfulness, honesty and uprightness?" asked Mr. Falk. The witness hesitated. "Do you know what the neighbors say about her?" asked Mr. Falk. "Sure," readily responded the witness this time, "but I don't believe all I hear."

The jury was out but a short time. A fine of $250 was imposed by Justice Childs. She paid the fine.

Eugene L. Falk, the woman's attorney, criticised the law under which John W. Ryan of the district attorney's staff effected the conviction.

Justice Childs replied that it was a salutary law and that the efforts of the Erie county physicians to have it respected would always receive the coöperation of the courts.

Acknowledgment.—The excellent discussion of Dr. Bentz's paper on traumatic tetanus, published in the Journal for May, 1905, was reported by Dr. George F. Cott, of Buffalo, who has so many times shown his staunch friendship for the magazine in similar fashion. We take pleasure in extending to Dr. Cott our best thanks.

PERSONAL.

Dr. Catherine E. Kelly, of Buffalo, has removed her offices from 615 Elmwood avenue to 33 Bremen street.

Dr. James A. Gibson, of Buffalo, has removed his residence from the Touraine to 170 Mariner street. His office is removed from 50 West Tupper street to his residence above noted.

Dr. L. Pierce Clark, of New York, has been appointed consulting neurologist at the Craig Colony for Epileptics, at Sonyea.

Dr. Max C. Breuer, of Buffalo, will sail for Europe, June 26, 1905, for a four months' tour in Germany. He will be accompanied by his family.

Dr. E. L. Shurly, of Detroit, was the guest of Dr. DeLancey Rochester during university commencement week. Dr. Shurly read a paper entitled, "Concerning the Etiology of Appendicitis," before the alumni association, which will appear in a future issue of the Journal.

Dr. Jacob S. Otto, of Buffalo, announces the change of his residence and office from 90 North Pearl street to 121 North Pearl street.

Dr. F. Park Lewis, of Buffalo, has been appointed by Governor Higgins a trustee of the New York State Institution for the Blind at Batavia. Dr. Lewis at present is serving as president of the board of managers.

Dr. Eugene H. Porter, of New York, has been appointed state commissioner of health vice Dr. Daniel Lewis, whose term has expired.

Dr. F. E. Hill, of Buffalo, has removed from 511 Swan street to 545 South Division street. Both telephones. Hours: 1 to 2 and 7 to 8 p. m.

Dr. Joel Henry Greene, a graduate of the University of Buffalo, 1875, of Dubuque, Iowa, attended the alumni association meeting

last month and was elected president of his class. Dr. Greene expressed himself as greatly pleased with his visit to Buffalo.

Dr. Harry M. Weed, of Buffalo, announces that he has taken the offices of the late Dr. Henry D. Ingraham, 405 Franklin street, Buffalo. Practice limited to eye, ear, nose and throat. Hours: 9 to 1 and by appointment.

Dr. Vertner Kenerson, of Buffalo, has removed his offices to 181 Allen street. Telephones: Bell, Tupper 70; Frontier, 70.

SOCIETY MEETINGS.

The National Association of United States Pension Examining Surgeons will hold its fourth annual meeting at Chicago, Friday and Saturday, July 7 and 8, 1905, under the following administration: president, Thomas D. Davis, Pittsburg; treasurer, Chas. H. Glidden, Little Falls, N. Y.; secretary, Wheelock Rider, Rochester.

The Buffalo Academy of Medicine held meetings during the month of May, 1905, as follows:

Section on Surgery.—Tuesday evening, May 2. Program: (a) Massage of the heart in cases of impending death, William C. Phelps; (b) Manifestations of lithemia in the spine and lower extremities, simulating orthopedic conditions, Prescott Le Breton. Election of officers for section.

Section on Medicine.—Tuesday evening, May 9. Program: (a) The nurse or the doctor, Albert T. Lytle; (b) Treatment of disease by means other than drugs, A. W. Bayliss. Election of officers for section.

Section on Pathology.—Tuesday evening, May 16. Program: Some experiments on rabbits in connection with the correction of spinal curvature, Prescott Le Breton. Election of officers for section.

Section on Obstetrics.—Tuesday evening, May 23. Program: Alcohol in puerperal sepsis, H. P. Jack, Canisteo. Election of officers for section.

BOOK REVIEWS.

THE SURGICAL DISEASES OF THE GENITOURINARY TRACT, VENEREAL AND SEXUAL DISEASES. A Textbook for Students and Practitioners. By G. FRANK LYDSTON, M.D., Professor of the Surgical Diseases of the Genitourinary Organs and Syphilology in the Medical Department of the State University of Illinois. Second revised edition. Illustrated with 233 engravings and 7 colored plates. Pages xv.-1008. Philadelphia: F. A. Davis Company. 1904. (Cloth, $5.00 net; sheep or half russia, $6.00 net.)

Whatever the motives for a new edition of Lydston's work on genitourinary diseases,—whether the book's wide popularity has exhausted the first edition or whether the author with his well known strenuousness has insisted on keeping in the forefront, matters not; the fact remains that a second edition has been issued and with the author's thoroughness the contents have been brought up to the very gates of today. Lydston is nothing if not thorough and this commendable trait—which pray heaven may be emulated by more chesty if not better writers—is apparent everywhere.

Pity piled on pity it is that Dr. Lydston's publishers should be guilty of typographic crime in the mechanic production of the book; such for instance as allowing a half-page of print to slip its moorings and leave a chapter ending like the finish of a Chinese primer. However, the matter is there; so, little thought to the arrangement on the part of the printer. It is purely a matter of taste whether a man wears diamonds on his fingers or on his toes,—so long as he has the diamonds.

In reviewing other works of a purely textbook type in the past, regret has been expressed as politely as all regrets should be expressed in a kind-hearted review of a medical book where the intentions are good, that the same old shop worn cuts should have been used over and over again in these days of modern printing and illustration. Mention is made of this merely to accentuate the pleasure of the announcement that in Lydston's revised edition many new illustrations appear in place of the less eloquent plates which appeared in the first issue. In his introduction Dr. Lydston, a master of epigram, and a writer who dips his pen into the milk of human kindness only on special occasions, says: "Illustrations without a message have no place in a textbook," and those deaf and dumb cuts which were in the first book find no haven in the new edition.

All the nice things which were said of the previous issue of the work may be repeated and emphasised. Every phase of genitourinary work is covered in the author's original manner. There is no guess work as to what he means when he makes a statement, and one of the most refreshing things about his style, a style which is convincing and satisfying, is that he has the courage of his convictions and gives his readers the benefits of his

own experiences without in the least slighting other investigators. The personal element is strongly accentuated throughout the book which, while it is scientific in all its aspects, has a chatty flavor which sharply contrasts with the unsatisfying brevity of some work; the top heavy weightiness of one other and the wearisome prolixity of still another writer, saturated with his subject and anxious to get it into a book. A man may be forgiven some of the unimportant shortcomings of literary style or scientific accuracy, who stands out strong and loyal to the memory of his master, and one of the striking features of the book is Lydston's worship at the shrine of Otis, especially marked in the chapter devoted to syphilis. While he acknowledges the possibility, yes, and the probability of the germ origin of syphilis, he frankly states that except for this he has not changed his views with regard to the disease since 1884. He refers to the somewhat famous disagreement between Otis, who regarded a minute cell as the carrier of infection, and Taylor, who flung himself into the limelight in defense of his own theory, misunderstanding and misinterpreting Otis's declaration which, at that time and in view of recent advances in the bacteriologic study of syphilis, was far more sensible than many of the latter day monstrosities of thought which have been given birth. The work of Lustgarten, Niesser, Klebs and others is given full credit, but there is no mention made of the investigations of Jullien, of Paris, or DeLisle, of New York, whose announcement to the Paris Academy of Medicine in 1901 of the discovery and demonstration of the bacillus of syphilis appears to have been overlooked if not ignored.

It is gratifying to find that a man of Lydston's force is taking a common sense position regarding the danger of urethral cocainisation. He explains sudden deaths after sounding and relatively unimportant urethral operations as due to an explosion of poisonous material which has gradually accumulated. Quite two years ago the writer of this review made the statement in the JOURNAL, that he could not find in genitourinary literature any absolute statement that death had been caused in any case by cocaine in the urethra; that those cases wherein death had occurred after the application of cocaine were undoubtedly due to other causes, which would have been found if searched for; and, while no attempt was made at that time to give an explanation of the deaths, it was suggested that the primary cause was the same which produced the urethral chill and fever. Lydston's explanation makes the whole matter much clearer and his position is defensible, which is a matter of importance and of congratulation. In gonorrhea Lydston stands as a defender of irrigation, in spite of the hundreds of get-well-quick cures which are worse in fact than the get-rich-quick schemes of the fakir.

Lydston's statements in this connection are corroborated by men who have had wide experience in the treatment of gonorrhea, and it will not be long before the progressive men of the rank

and file of the profession will return to the so-called Janet method. The "rank" will continue to report marvelous cures of simple urethritis with some proprietary remedy as an almost miraculous cure of a severe gonorrhea, thus disregarding the fact that any gonorrhea is severe.

If any fault can be conscientiously found with Lydston's treatment of any genitourinary condition it is his advice to make a dorsal incision in the case of subpreputial chancroid. When this is done infection of the cut surfaces and the subsequent swelling will make it difficult to get at the lesion. It were better to advise two lateral incisions back to the corona; they give upper and lower flaps which make all parts of the glans easily accessible.

Aside from its value as a textbook, and it is much more valuable than could be shown in a review, the book is of greatest interest to students of the psychology of sex. Lydston gives much space to this subject and none of it is wasted; it is all instructive and enlightening. As it stands the book is one of the best on the subject of genitourinary diseases; for while there may be spots where it is opinionated, it is nowhere blindly egotistic, and best of all, it is helpful. N. W. W.

The Influence of Growth on Congenital and Acquired Deformities. By Adoniram Brown Judson, M.D., Orthopedic Surgeon to the Out-Patient Department, New York Hospital, 1878-1903. Octavo, pp. 286. Illustrated. New York: William Wood & Company. 1905.

This author presents in this book not a new subject nor yet a novel invention, but discusses in a refreshing manner the effect of growth on deformity. Stated in another way, Judson, in this volume, accentuates the fact that the prevention and cure of deformities rest largely in the management of cases that natural growth will work for their recovery. Indeed, it is believed by the author that this is, or should be made, the principal factor of treatment.

To cure a child that is deformed, and thus convert a dependent being into a selfsupporting individual, is one of the highest functions of a physician. It is this that entitles the orthopedic surgeon to the gratitude, not only of his patients, but of all mankind. In this monograph is found the most modern thought by an experienced orthopedist, on a phase of the work not usually discussed in works on deformities.

Mr. Hilton's aphorism on the necessity of rest to accomplish growth and repair is accentuated by Judson and made to play an important rôle in his effort to cure maimed and distorted infants and youth. That portion of this treatise devoted to the consideration of hip disease could be read with profit by every physician and so, for that matter, could the chapters on Pott's disease and on lateral curvature of the spine.

It is, by and large, one of the most important monographs on deformities issued in many years and is, withal, beautifully printed and superbly illustrated.

PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Gottstein, Editor of the *Centralblatt fur Kinderheilkunde*. Authorized translation. By Herman B. Sheffield, M.D., Instructor in Diseases of Children and Attending Pediatrist, New York Post-Graduate Medical School and Hospital. Octavo. Pages xii.-544. Philadelphia: F. A. Davis Company. 1905. (Cloth, $3.00.)

It is quite surprising, now that attention is directed to the fact to learn that a reference book on pediatrics has not existed until this one was put forth. The author and translator have performed a valuable service to the profession in arranging in compact form a working manual of such excellent quality.

The book is rightly named for it is, indeed, practical in character. In the nineteen chapters that comprise part one, are told the essentials of pediatric science from the care of the newborn to the management of the most intricate disorders of nutrition, or of the special senses. The author's directions relating to physical diagnosis are excellent and his management of the diseases of the newly born commends itself to the better judgment of the physician of experience.

It is a book, moreover, that will find favor with every young physician who is called upon to treat infants or young children. It will guide him through many of the difficulties he is sure to meet and will prove a safe counselor whenever he is in doubt.

TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION, held at Atlantic City, N. J., June 2, 3 and 4, 1904. JAMES E. NEWCOMB, M.D., Secretary. New York: Rooney & Otten Printing Co.

The association which creates this volume of transactions each year is noted for the excellence of its work, and its published volumes constitute an expression of the best thought on topics pertaining to diseases of the nose and throat. The issue for 1904 now before us, contains thirty-one scientific papers, not including the president's address or the supplementary material such as the official minutes and reports of officers. Every subject dealt with is of absorbing interest to the laryngologist, and some of them are of interest and value to the general practitioner. Very few society transactions of 350 pages present a more acceptable showing than does this one, and it is a book that will be consulted as authoritative on the topics discussed.

THE INTERNATIONAL MEDICAL ANNUAL. A Yearbook of Treatment and Practitioners' Index. Thirty-five contributors, American and Foreign. Twenty-third year. 1905. Octavo, pp. 675. New York: E. B. Treat & Company. (Price, $3.00.)

The annual for this year appears in larger size than usual. This is rendered necessary by the increase in the material. It now assumes a better proportion, the larger page being in keeping with the increase in bulk.

It contains an enormous mass of well digested and splendidly arranged literature, and is one of the most serviceable of the yearly reference books. We think the editor should no longer withhold his name from such a creditable work. The names of the contributors are given: why should not that of the editor likewise be presented?

We commend this edition as the very best of this most excellent series. It grows better year by year.

Practical Dietetics with Reference to Diet in Disease. By Alida Frances Pattee, Instructor in Dietetics Bellevue Training School for Nurses, Bellevue Hospital, New York City. Second edition. Duodecimo, pp. 311. Published by the Author, 52 West Thirty-ninth Street, New York City. (Price, $1.00.)

This book is the outgrowth of the author's work as an instructor in dietetics in various hospitals. It contains recipes for the preparation of various invalid foods, a number of well-selected diet lists, and several formulæ for the preparation of infant foods. Except in the latter particular it is very satisfactory. Nurses ought to find it a valuable addition to their libraries. M. J. F.

Beauty Through Hygiene: Common Sense Ways to Health for Girls. By Emma E. Walker, M.D. Duodecimo, pp. 301. Illustrated. New York: A. S. Barnes & Company. 1904. (Price, $1.00.)

If one wants a book which will interest a young girl in personal hygiene, a better volume than this cannot be found. It is written in a simple fashion, being not at all technical, the advice it gives is excellent, it embodies very good and modern ideas in regard to fresh air, exercise, deep breathing, etc., and its title is one which will appeal to almost every girl. It can be highly recommended. M. J. F.

BOOKS RECEIVED.

Surgical Diagnosis. A Manual for Practitioners of Medicine and Surgery. By Otto G. T. Kiliani, M.D., Surgeon to the German Hospital, New York. Octavo, pp. xviii-449. Illustrated by 59 full-page plates and engravings. New York: William Wood & Co. 1905. (Price: cloth, $4.50; p. m., $5.50 net.)

Acute Contagious Diseases. By William M. Welch, M.D., Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases; Diagnostician to the Bureau of Health, etc., Philadelphia, and Jay F. Schamberg, A.B., M.D., Professor of Dermatology and of Infectious Eruptive Diseases, Philadelphia Polyclinic; Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases, and Assistant Diagnostician to the Philadelphia Bureau of Health, etc. Octavo, 781 pages. Illustrated with 109 engravings and 61 full-page plates. Philadelphia and New York: Lea Brothers & Co. 1905. (Cloth, $5.00; leather, $6.00; half morocco, $6.50 net.)

Practical Problems of Diet and Nutrition. By Max Einhorn, M.D., Professor of Medicine at the New York Post-Graduate Medical School and Hospital and Visiting Physician to the German Hospital, New York.

Octavo, pp. 64. New York: William Wood & Co. 1905. (Price, 75 cents.)

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-giving, useful in the Treatment of the Sick and in the Prevention of Disease. Edited by Solomon Solis Cohen, A.M., M.D., Professor of Clinical Medicine at Jefferson Medical College, Philadelphia. Vol. XI. Serum-Therapy; Organotherapy; Blood-letting, etc.; Radium; Principles of Therapeutics; X-ray Therapy; Digest and Therapeutic Index to all volumes. By Joseph McFarland, M.D., Philadelphia; O. T. Osborne, M.D., New Haven; Frederick A. Packard, M.D., Philadelphia; Samuel G. Tracy, M.D., New York; The Editor, and R. Max Goepp, M.D., Philadelphia. Octavo, pp. 388. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1905. (Complete set, cloth, $27.50 net.)

Maternitas. Care of Prospective Mother and her Child. By Charles E. Paddock, M.D., Professor of Obstetrics, Chicago Post-Graduate Medical School. Duodecimo, pp. 189. Chicago: Cloyd J. Head & Co. 1905. (Price, $1.25.)

LITERARY NOTE.

SURGERY, Gynecology and Obstetrics is the name of a new international magazine to be published monthly at Chicago, under the control of the following editorial staff: John B. Murphy, E. Wyllys Andrews, Frederic A. Besley, Nicholas Senn, J. Clarence Webster, E. C. Dudley, John C. Hollister, William R. Cubbins, Rudolph W. Holmes, C. S. Bacon, Cecil V. Bachelle, Franklin H. Martin, managing editor, Allen B. Kanavel, associate editor.

The first number is announced to appear in July, 1905, and the annual subscription price is $5. We are gratified to note, according to the published announcement, that "the business management is determined to make it a magazine which as a product of illustrated book making will be chaste;"—which we suppose means that the "business management" will censor the photographs and drawings furnished by the authors. The entire circular of announcement bespeaks a high ideal which any journal might be proud to attain.

ITEM.

American Medical Association—Rates to Portland.

A CIRCULAR in relation to the meeting of the American Medical Association at Portland, Ore., July 11-14, 1905, has been addressed to the medical profession, concerning rates, routes and other similar points of importance. It reads as follows:

In order that the trip to the meeting of the American Medical Association at Portland, Ore., this year, may be enjoyed by the

largest possible number of physicians and surgeons, and particularly by those whose professional duties make it necessary that the journey be performed in an expeditious manner, a special overland limited train has been arranged for, and a special party is being organised to leave Chicago via the Chicago, Union Pacific and Northwestern Line the evening of July 6, to make the trip to Portland surrounded by every luxury that modern travel can provide, upon schedules occupying a little less than seventy hours en route.

It is not often that so congenial a party as this is available, traveling under such highly favorable surroundings for comfort and enjoyment of the trip. A description of the train and route is included in the attached circular, and you are most cordially invited to become a member of the party.

Arrangements have been made with the railways for the movement of this special overland limited train without any extra charge for the unusual service thus secured.

The round-trip rate Chicago to Portland and return is $56.50, and proportionately low rates from other points will be in effect. Ask your ticket agent for your tickets via the Chicago & Northwestern and Union Pacific lines. Return trip may be made via Oregon Short Line, Salt Lake City, and through Colorado without extra charge, or via the Northern Pacific, Great Northern or Canadian Pacific without extra charge, or via San Francisco and Los Angeles on the payment of $11.00 additional at time of purchase. Sleeping car rate Chicago to Portland for double berth in special train, $14.00. Drawing room, $53.00. Stop-overs will be permitted at and west of Colorado common points, Cheyenne or Trinidad, inclusive, or Saint Paul and Minneapolis and a tour of the Yellowstone Park may be made either via Monida or Livingston at a rate of $49.50 additional, covering the usual tour through the park, including stage transportation and hotel accommodations.

Will you please, upon receipt, advise Mr. H. A. Gross, General Agent, Passenger Department, Chicago & Northwestern Railway, 212 Clark street, Chicago, Ill., or the nearest representative whose name and address appears on the accompanying circular, whether you desire to be included in the party, and how much sleeping car space you desire reserved?

Further information in regard to the trip will be cheerfully furnished on application.

S. C. Stanton, M.D., Room 1609, 59 State St., Chicago, Ill.
Heinrich Stern, M.D., 56 East 76th St., New York, N. Y.
Lewis S. McMurtry, M.D., 1912 Sixth St., Louisville, Ky.
Wm. Warren Potter, M.D., 284 Franklin St., Buffalo, N.Y.
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ORIGINAL COMMUNICATIONS.

Concerning the Etiology of Appendicitis.[1]

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IN VIEW of the great amount of literature extant upon the subject of appendicitis, I would scarcely have the temerity to present a paper on any phase of the topic to any body of scientific men who were not so near and dear as fellow alumni. It is therefore only in the atmosphere of the family,—so to speak—that I dare breathe forth suggestions on this world widely thrashed topic. I shall not surprise you by offering anything new, nor will I awe you with an abstract of so many hundred operations. I will not go so far as that. I will merely present to your notice a few suggestions regarding what is probably not known of its etiology, and what no fellow seems inclined to find out. I shall endeavor to give you as few platitudes as possible for a basis upon which to plant these humble suggestions.

To quote Morris:

The cecal appendage is vermiform in man and in all of the man like apes, also in certain Lemurs. In man, the cecal appendage is apparently a rudimental structure which once formed an important part of the alimentary tract. It is supposed that this organ, like the wisdom tooth, has degenerated during the process of evolution, as would any other unused structure. The appendix vermiformis in man was recognised as a structure in the 16th century and was described in the 18th century. (Lammoriere, however, believes this to be untrue). It appears at about the tenth week of fetal life. As you know, the length of an average appendix vermiformis in the young adult is not far from three and three quarter inches, with a diameter of a goose quill.

1. Read at the thirtieth annual meeting of the Alumni Association of the University of Buffalo, May 30, 1905.

It varies, however, in length from two inches to six inches, or a little more.

The contents of the appendix usually consists of mucus with more or less fecal matter and microörganisms. Under ordinary circumstances semisolid fecal matter and gas, find easy entrance to, and exit from, an appendix with a large lumen, as the appendix has abundant muscular ability to empty itself, and has at the seat of its attachment to the cecum a good fixed point for muscular action. In some of them the lumen is small, either naturally or from a little hyperplasia, and it is then, obviously, not so easy for the appendix to empty itself of its concretions. There are very many normal appendices containing concretions which cannot escape for this reason. Appendix concretions are of three principal sorts—fecal, phosphatic, and fatty. Insoluble salts may be precipitated out of the fermenting mucus, and as the stagnant mucus is very apt to undergo decomposition, the fecal concretions are usually arranged in layers with calcium salts.

Phosphatic concretions are formed in normal appendices, and in chronically affected appendices, as the result of decomposition of mucus.

The formation of fecal and phosphatic concretions, while more apt to occur in persons whose intestinal contents easily ferment, may be independent of any disease of the appendix, while fatty concretions probably occur as the result of long ulceration of the lymphoid coat only. Morris says, bacteria are by all means the most important things found in the appendix. Colon bacilli which have their normal habitat in the colon are almost invariably present in the lumen of the appendix. They are harmless dwellers there unless an infection atrium gives them an opportunity to migrate into the tissues. The pyogenic streptococci are also pretty constant dwellers in the normal appendix. Many of the less important pyogenic bacteria and saprophytes, or bacteria of fermentation harmlessly lurk in the appendix. When an infection atrium is made, the infection is at first mixed in character. The streptococci are apt to outstrip other bacteria in the second part of the race, and the colon bacilli are apt to lead finally. Thriving colonies of bacteria are daily swept along through the normal colon and are moved in and out of most appendices. Some of the higher entozoa are frequently found in the appendix. The nematode oxyuris, for instance, is often found there.

Various kinds of seeds are closely resembled by concretions. Morris and other surgeons state that they have not yet found a seed in any of the appendices which they have operated upon.

The appendix is the seat of fecal concretions in at least 8 per cent. of all cases. Their existence does not denote that the appendix is diseased!

Morris's definition of appendicitis is, that it is an infectious exudative inflammation of the appendix vermiformis cæci, originating in any local cause for the production of an infected atrium in the tissues of the appendix, and progressing by bacterial invasion into the layers of connective tissue, and into the layers of lymphoid tissue—all of which are partially or completely disabled by interstitial exudate compression within the narrow muscular peritoneal sheath of the appendix. The principal cause of appendicitis is mixed bacterial infections from the lumen of the appendix. The chief cause of bacterial infection from the lumen of the appendix is the formation of an infection atrium in the mucosa of the appendix by force applied in any way. He further says, I formerly surmised that the appendix was sometimes injured by pressure between a full cecum and a hard pelvic wall—supposing that the cecum was often filled with fecal matter. But after extensive opportunities and observation, I have not as yet seen fecal matter in the cecum at any operation, and there is doubt if the so-called impaction is not often lymph exudate instead. Excepting in elderly people, I believe that injury to the mucosa occurs most often from accidental twisting of the appendix upon part of its long axis. An infection atrium is also commonly produced by erosion of the mucosa at the site of a concretion, or by entozoa. Bacterial infection may extend into the tissues of the appendix from the infected cecum, as in typhoid fever or dysentery. An infection atrium is formed consequent upon peritonitis, extending from adherent infected oviducts or other nearby structures.

Dr. J. B. Murphy, as you all know, has written some fine papers on this subject. The etiology he gives is about as follows:

When the disease was first recognised as a surgical affection, the acute infective lesions were considered to be due to the usual causes which produced enteritis in the remaining portion of the intestine and it was considered essentially a disease of the summer months. Now, since we have become more familiar with it, we find that it is almost as common in winter as in the summer. We find that it does not come on under the same climatic or dietary conditions as the other types of enteritis; that it most commonly follows exposures such as would produce socalled "cold" of the respiratory tract. So commonly is it a sequence of such exposure that a very prominent Chicago physician at one time considered it essentially a rheumatic manifestation. This, however, we do not accept.

Foreign bodies, as fruit seeds, gallstones, capsules, and the like, were present in a little less than 2 per cent. of the cases coming under observation; fecal concretions were found in 38 per

cent. and we believe that the erosion of the appendiceal mucosa by these foreign bodies produces an atrium for the admission of the infective flora into the tissues and precipitates under favorable conditions the acute attack. Indiscretions in diet appear to have little if any effect as an etiological factor.

The types of infective flora found in cultures and stainings from the appendices vary in the following order of frequency: bacillus coli communis, staphylococcus pyogenes aureus and albus; streptococcus, bacillus tuberculosis, actinomycoses.

Appendicitis occurs in all classes with about equal frequency. In my work it has been a little more frequent in males than in females. I do not consider that it is contagious or infectious. It does seem, however, to have family predilections. This I would rather consider due to the conformation of the appendix or the diminished resistance to infection in some families and the comparative immunity to infection in others. I have not infrequently had two members of the same family in bed with the disease at the same time.

Many surgeons believe in an anatomical cause for this disease, maintaining that appendices which are spiral, club-shaped, too long, with too much lymphoid tissue, or bent in their formation, or adherent, will act for the supervention of the disease. Some writers adduce as evidence, the advent of attacks of appendicitis in families where abnormalities or peculiar anatomical types are supposed to occur through hereditary succession. Still other writers seek to account for the occurrence of the disease in females by assuming previous disease or malformation of the uterus or its appendages.

In a report of Peterson on 200 cases of chronic disease of the uterine appendages, 106 or 58.4 per cent. were accompanied by normal appendices, while 41.6 per cent. showed past or present changes in the organ. In this same report, Peterson says that the appendix was adherent in 18.5 per cent. Fecal concretions were noticed twelve times out of 146 observations or 8 per cent. The shape of the appendix was noted as being abnormal in 52 out of the 200 cases or 26 per cent. Out of the 200 cases, 106 or 53 per cent. showed practically no evidence of disease!

Peterson also states that in chronic diseases of the uterine appendages adhesions of the accompanying appendices are present in nearly 50 per cent. of the cases where microscopic examination shows the latter to be diseased. In a certain proportion of cases, however, although the appendix may be adherent it is also perfectly normal. In chronic diseases of the uterine appendages the appendix which is club-shaped, constricted or contains fecal concretions, is not necessarily diseased. In 30 per cent. of patients with uterine fibromata there is accompanying disease of the

appendix; also in 10.9 per cent. of patients with ovarian cystomata.

He and other writers state that only a little over 50 per cent. of appendices removed during the course of operation on pelvic lesions will be found microscopically to be normal. The remainder will show forms of acute and chronic inflammation or the result of former inflammation. The appendix is adherent twice as often in those cases where microscopic examination shows past or present disease. A certain proportion of adherent appendices are, however, perfectly normal microscopically. Mere shape of the appendix can not serve as an index of its normality or disease. Appendices may be club-shaped, constricted or bent upon themselves, and yet be perfectly normal microscopically.

Championniere believes that appendicitis is comparatively a new disease and that its advent is in some way related with la grippe. He gives various statistics to show that its prevalence is coincident or sequent upon endemics of la grippe or influenza. Besides this, he calls attention to facts which he supports by statistics to show that the majority of cases occur among the meat eaters; that in countries in Europe where the people subsist mostly upon vegetable food, cases of appendicitis are rare. Many writers believe that the contributory cause is constipation or subacute disease of the intestines; such as, enteritis or dysentery. Among them Sherrill believes that constipation and resulting malnutrition are important causes.

The concensus of opinion, however, seems to be that the important cause is the accession and activity of various bacteria, and specifically the colon bacillus through abrasion of the lining membrane; but to assign to these bacteria any more than a secondary or exciting role in the causation of the disease would seem irrational, when we come to reflect that there are millions of colon bacilli in the intestines of every individual, and even on the face and hands and in the mouth all the time, and that there are large numbers of staphylococcus, streptococcus and various saprophytes (which may become pathogenic) continually on and about one's person, and the appurtenances with which we come in contact.

Concerning the formerly supposed causation of appendicitis—by the presence of concretions and various foreign bodies—modern experience has brought to light, as indicated by the quotations which we have already made, that many appendices harbor such things as well as the bacteria without becoming necessarily diseased. Modern research has also demonstrated that all sorts of anatomical variations in the form of the appendix has been observed without the organ thereby becoming diseased,

and that previous diseases of the uterine appendages are not invariably the causes.

In explanation of all this the theory is advanced that if through mechanical action, or otherwise, an abrasion or atrium is formed by which these microörganisms—especially the colon bacillus (which is always dwelling in this little pocket)—secure an entrance into the connective tissue and lymph vessels, they thereby set up irritation, then infection, and so on; that in this habitat—which has been liken to a culture tube—they are constantly setting up fermentation, forming toxins which are ready to gain access through some accidental abrasion, to the lymph or capillary vessels with the usual result of producing infection, and the like; and, further that concretions, etc., are probably the principal agents in producing such abrasions by mechanical action.

Although this undoubtedly is the process which actually takes place after the initial step—namely, the abrasion—has been made, the questions still remain whether in all cases an abrasion constitutes the first step? And what previous condition must exist to provide an atrium or abrasion? For we have seen, according to the present state of our knowledge, that anatomical abnormalities exist, concretions and other foreign bodies are tolerated. Various pathogenic bacteria including the colon bacillus are, probably, always present—being shown in over 50 per cent. at least of appendices examined and found healthy; to say nothing of the thousands of appendices which are never brought to light, and which are never diseased throughout life, and which it is fair to presume are in like circumstances. Besides the evidence first advanced, a general survey of human pathology and human physiology would seem to suggest an insupperable objection to making this little accident (the formation of an atrium) the pivot around which the pathogenesis of the disease in all cases must revolve. This would hardly account for the large number of cases among healthy people of all ages, from infancy to senility, which are met with. There must therefore be something beyond, or before, which induces the accession of the disease. It seems to me, therefore, that more enterprise is needed in studying the domestic history of cases of appendicitis in order to work out antecedent causes.

For instance: what are the details of life which the infant or child has been subjected to, who is attacked with appendicitis? What influence has the diet, the exercise or play had? What injuries, if any? What abnormalities, if any? What characterises the life of this infant or child? With adults, what has been the antecedent habits, mental and physical, of the patient? What particular occupation? Whether any previous diseases of the in-

testines or stomach has existed? What particular sort of diet—whether vegetable or animal? Has an irregular fermentation of the food or drink waged an influence? What, if any, effect has the alcoholic habit or social condition of the patient had? Or, in other words, do persons addicted to the moderate or excessive use of alcohol become liable or not to appendicitis? Do persons consuming principally a vegetable or an animal diet render themselves liable to appendicitis? Do persons who take their food without proper mastication thus become liable? Do persons of sedentery occupations thus become liable? Do persons of active occupation, such as the laborer or mechanic, thus become more or less liable? Do persons living an out-door or an in-door life thus become more or less liable? Are persons of certain nationality more liable than others? Is the white man particularly liable, or the negro and Malay less liable? Has hereditary dyscrasia or diathesis anything to do with it?

These are suggestions which I am sure have entered the mind of every one of you present today. Yet how few surgeons and physicians have tried to trace up the etiology of appendicitis along any of these lines? In the town which I live, I think it can safely be stated that, very few cases of appendicitis occur among the laboring class, which is composed largely of Poles, Hungarians, Italians and negroes. If so, why? There is much investigation needed, the evidence so far on this point being far from clear, because the data recorded are too insignificant to lead to a definite conclusion.

Concerning constipation which many surgeons believe to be the principal predisposing cause, we shall find a small percentage of constipated persons who are attacked with appendicitis. In my small range of observation I have been very much puzzled to observe that many persons who are in the habit of taking more or less mineral water or saline cathartics, or even vegetable cathartics, have been attacked with appendicitis. Among these many will be found who are great eaters; and strange as it may seem, but a very small percentage of alcoholic drinkers seem to become subjects of appendicitis. This observation has also amazed me, and I have been wondering whether the alcohol has anything to do with either changing or obstructing certain fermentations, or whether its irritant effect upon the peripheral nerve ends of the intestines stimulated peristalsis to such an extent as to prevent the occurrence of the disease by changing the contents of the appendix oftener. All of these questions and many others naturally crowd upon us when we think over the large number of cases which are occurring and the total inadequacy of the preliminary causes as laid down to account for them.

I would, therefore, in conclusion suggest that a thorough investigation into the antecedent daily life of every patient afflicted with appendicitis be made—very much in the same manner that an attorney with a given case proceeds to trace up circumstantial evidence. I would suggest that this evidence might include the details of occupation, and the details concerning the eating and drinking of the individual; as to the kind of food and the amount; the kind of drink, be it water or anything else, and the quantity of such drink that has been ingested for some time previous to the attack. In short, a thorough investigation into all the domestic vicissitudes relating to the patient, in order to ascertain what causes concretions, and the like, of the appendix, and how comes the abrasion.

In this way it seems to me that we might be enabled to discover what prediposes to make this little pouch a culture tube, what deflects the natural course of fermentation into one of infectious fermentation, and what the necessary conditions are for such a deflection of natural processes. As we cannot open the abdomen of every individual who comes to us and ascertain by our vision just what is going on, it seems to me that this method, although more tedious, should be adopted in the hope that we may arrive at the anterior causes and by our advice direct the people toward such physiological methods of living as would prevent the development of this prevalent and serious disease. There is but one other course before us in the way of prevention, until the time shall come when this rudimentary appendix shall finally disappear as an element of human intestinal anatomy,—and that is, to extend to the realm of surgery the task of opening every child's abdomen and removing the appendix soon after birth. This idea, however, is too utopian for the present, unless perhaps we could get such a procedure adopted as part of a religious code —in which case undoubtedly appendicitis might the sooner be stamped out.

32 Adams Avenue, West.

Mortality Among American Physicians.—During 1902 the deaths of 1,400 regular practitioners of the United States were noticed in the *Journal of the American Medical Association,* which number is probably 5 per cent. of the total mortality in the profession of this country. The number of regular practitioners in the United States is about 95,000, making the death rate for the year about 14.74 per thousand, a lower rate than is usually supposed to obtain. The mean average age at death was 58 years, 7 months and 29 days, and the average previous duration of practice was 28 years, 10 months and 28 days.—*Denver Med. Times.*

The Graduate Nurse Yesterday, Today, and Tomorrow.[1]

By F. PARK LEWIS, M. D., Buffalo, N. Y.

IT IS a pleasure to unite with you this evening in the exercises which complete the year of your hospital training. No one, perhaps, who has not been actively engaged in work of this character can have an adequate realisation of its full significance. No one who has not actually experienced it can know how much it means to endure the hard discipline of hospital work, with its long hours, its rigid requirements and its drudgery, for the woman who has chosen for herself one of the finest, one of the most noble, as it is one of the most womanly occupations possible to her, that of the trained nurse.

In her laborious hours of preparation she must master an unfamiliar nomenclature, she must conquer the difficulties of modern asepsis, she must school herself to stand by the surgeon without growing faint; she must learn to govern her tongue, to control her temper, to be quiet, to be ready, to be dextrous,—to have the qualities of a soldier while retaining the heart and sensibilities of a woman. All this she must learn besides the technical points of the work she has undertaken, and it takes character and courage to plan such a career and successfully carry it through. Therefore, I congratulate you, young women, members of this graduating class, each of whom must possess in no small degree the quality of initiative which Hugo Munsterberg says is the distinctive trait of American character.

I know, also, something of the thought and effort that anticipated the establishment of your training school. I know something of the evenings devoted to meetings for the consideration of plans and projects which resulted in that which made your education possible; the study of ways and means to meet the added burden which such work always involves. I congratulate, therefore, your training school committee in that they are able to present to the world so admirable a product of their labors tonight.

But this is not all. The demands made daily upon the time and energy of the busy physician make it no easy task for him to lecture before a school, and much that is best of brain and strength goes into the fitting a class for its life work. Hence, I congratulate the teaching faculty in sending out this class of trained women to help in the world's work; since, arduous though their task may sometimes have seemed, they are getting

1. Address delivered at the commencement exercises of the Brooks Memorial Hospital, Dunkirk, N. Y., May 12, 1905.

a larger reward than would result from the performance of their own especial duties; for while the physician by his skill helps the individual, as a teacher he sends out a class who help multitudes and the benefit is ever in progressive ratio.

I am aware that it is customary for the speaker who addresses a class of graduates to devote the hour to wholesome suggestions as to the manner of conduct after the tether has been broken and they have been set free to live independent, professional lives; but I doubt not that after two years spent within the hospital walls under the school discipline, guided by precept as well as by practice in daily hospital work, any further word of mine on either the etiquette or the ethics of nursing would be superfluous. I will not assume the office of mentor, therefore, but it may not be without interest, and perhaps of some practical value for all of us if we put ourselves outside of the immediate present and, looking through the vista of years past and to come, we consider the evolution, the present status and the future of the trained nurse; in other words, the

GRADUATE NURSE YESTERDAY, TODAY, AND TOMORROW.

So intimately are we all a part of the current of modern life that we lose our perspective, and find difficulty in assigning a proper place in history to momentous movements because we are in and of them. It is difficult for us to realise that at no time in the world's history have tremendous epoch-making events followed in such rapid succession as at the end of the nineteenth and the beginning of this twentieth century. The past quarter century has seen the invention of many things which we already regard as necessities, and the perfection of many more.

It has seen the proving and general acceptance as fact of much that existed only as theory and in the minds of a few great men. It has seen in the vast increase of books and periodicals, of schools and colleges, of transit and communication, of system and coöperation, the establishment of an absolutely new era, an absolutely new standard, an absolutely new possibility for every man and woman living today. Through the coöperation of our cable post and telegraph systems even dwellers in remote country places are put in direct touch with the news of two continents, with the most recent thought in literature, with the latest researches in science. And we have a new world of science.

We predicate with accuracy and precision the existence of worlds beyond the range of the telescope, we anticipate the discovery of a new element and put it in its proper place in harmony with demonstrated law before it has ever been seen by human eye.

The bacteriologist proves to us that whole groups of diseases are dependent upon certain low forms of vegetation, microscopic in character, finding lodgment in the vulnerable animal body. The biologist enunciates the truth that spontaneous generation of living forms is impossible, that without preëxisting life there can be no life, and lo, the whole world of preventive medicine and hygiene is opened to us.

The chemist, from his researches in the laboratory analyses and synthecises until he is able to give us the refinement of the drug freed from its inert or worthless properties. The surgeon applies it together with the principles of surgical cleanliness and his death rate is reversed. He saves 95 to 99 per cent. even where formerly the inevitable death rate was enormous.

We now realise that almost better than the cure of disease is its prevention, and in this we are helped by the ceaseless efforts of the specialists in physiology who study the bolus of food from each step of its preparation, its entry into the stomach, its reception by the peptic juices, its passage through the pancreatic and biliary secretions until, emulsified, it passes into the blood current and becomes the final brain cell, the organ of the mind. To the waiting world the physicist gives the result of his labors and his most advanced studies in electrophysics are utilised in the form of radiotherapy.

All of these constitute the armamentarium of the modern physician. We see, then, that he is an evolutionary product; that he is able to make constant, daily use of the facts unknown a quarter of a century ago, of aids and of instruments invented and perfected within our own lifetime, of the results of experiments made in all quarters of the globe almost as soon as they are completed. It may be said that for him the "point that was yesterday invisible is his goal today and his starting point tomorrow." As his own work has changed in character and increased in scientific accuracy his demands have grown more exacting.

The good dame who used to make flaxseed poultices and draughts of sage tea, could give no adequate assistance to the physician or surgeon of today. The modern trained nurse, meeting her larger responsibilities and her more exacting and important duties, as the physician meets his, is no less an evolutionary product than he. She is an answer to necessity, she is a sum of effort; but as the physician rises each day to gaze upon an ever widening horizon, so also must she.

THE GRADUATE NURSE AN EVOLUTIONARY PRODUCT.

As the physician has during the past few years drawn upon constantly multiplying and extending sources for his data and

his instruments, so has the woman who has grown to be, to such a phenomenal degree, his assistant and colaborer. But though his aims and her efforts lie along the same line, they are not identical and while much that he seeks is necessary to her also, each has requirements beyond those of the other. The trained nurse, as well as the physician, must understand that invisible pathogenic germs are more formidable than lions in the path and to do this she must have some conception of the principles of bacteriology, for it is she who makes surgically clean the operating room, sterilises the dressings and who strives to purify not merely the clothing but the atmosphere of the patient insolated with contagious disease.

She must know the meaning of the zig-zag temperature looking like saw-teeth on the daily chart, for general sepsis must have immediate recognition. She must be familiar with the details of the diet kitchen, for here is often a path where the physician fails to follow, and the directions which she receives are too frequently glittering generalities, the details of which she must herself supply. Where the duties of a trained nurse make her necessities and her knowledge different from that of the physician she has had, and will have, doubtless, to recognise these necessities and to plan ways and means of securing them.

It was through the efforts of nurses themselves that a uniform standard of admission to the profession of trained nursing was secured. Until 1903 there were absolutely no restrictions in the state of New York except those which each hospital adopted for itself. Now, in addition to a preliminary common school education, the law provides that any candidate for the practice of nursing must be not less than 21 years of age, of good moral character, have had at least two years of instruction and received a diploma from a training school maintaining a standard satisfactory to the regents. Although the practice of trained nursing goes back in this country as far as the year 1873, when three schools were established almost simultaneously in New York city, Boston, and New Haven, it is only within the last dozen years that the training school has become practically a feature of hospitals everywhere throughout the country.

At the risk of being too diffuse I wish to give you a few statistics, which will perhaps prove as surprising to you as they were to me. To illustrate the growth of your profession in this country, I quote from the reports of the United States Commissioner of Education. In 1880, the number of pupil nurses was 323; in 1890 there were 1,552; in 1900, 11,164; and in 1903, 13,779.

In greater New York there are now almost as many pupil nurses enrolled as five years ago were to be found in the entire United States. There are eleven training schools in the city of Buffalo alone, exclusive of that connected with the State Hospital. There is one connected with Memorial Hospital at Niagara Falls and one with the Memorial Hospital at Dunkirk, before whose graduating class I have the honor of speaking tonight, one at Jamestown, one at Elmira, one at Corning, one at Canandaigua and others at other towns in Western New York, while the central and eastern parts of the state are in no degree behind. The city of Rochester has six schools with nearly 200 pupils, and a like center is found in Syracuse and another in Albany.

But this growth, gourd like in its rapidity, has not yet had time to assume an orderly development. With this multitude of schools there is as yet

NO UNIFORMITY OF CURRICULUM.

In some, one lecture is given weekly, in others a complete and thorough course is systematically carried out. In some, the study of household economics forms an important, not to say fundamental, part of the course; in others there are few or no arrangements making this possible. In some, the most thorough pedagogical methods are pursued, each day's work and each week's lecture being the result of previous work and leading to the next. In others, each lecturer is free to choose his own subject, and it is not necessarily connected with that which preceded or those to follow it.

This lack of uniformity is a natural, and perhaps inevitable part of evolution; but if trained nursing is to become an integral part of the educational system of the state, so chaotic a condition of affairs should not be tolerated longer than is positively necessary. Schools connected with the larger and better equipped hospitals have certain advantages which make it difficult to emulate them, but better system and a nearer approach to uniform methods is certainly possible.

To this end each one of you graduate nurses must work, each one of us physicians, each one of you large hearted, helpful and progressive citizens, who have striven to make your training school what it is, must continue to strive to make it and all other schools better by your interest, your understanding and, whenever may be, your efforts. As we have just said the larger institutions with their more complete paraphernalia have been able to attain a degree of proficiency that is alternately discouraging and inspiring. But since it is only by aiming at the high-

est that we can hope to reach the best achievements possible to us, let us look for a moment at some of the methods of one of the best training schools in the country, that connected with Johns Hopkins University in Baltimore. The Hospital School is part of the Johns Hopkins Hospital and is under the same government. The school buildings are separated from the hospital buildings however, and the instruction in the properties and preparation of foods and in their application to the needs of the sick is given in a model kitchen equipped for teaching purposes.

The plan of instruction for the first six months is given to a study of household economics, hygiene and sanitation, anatomy, physiology, materia medica, and elementary nursing. This is considered a probationary period, and is designed to give the student some of the fundamental principles of nursing before she is brought into contact with patients. Those who give satisfactory evidence of a general fitness for the work of nursing are then placed in the wards of the hospital for further work and study. Teaching is given in the operating rooms and other clinics as well as at the school. The hospital has 360 beds, so that a large practical experience is afforded the student nurses. The faculty is large, there being four assistant superintendents, two instructors in practical nursing, two in dietetics, one instructor in massage, ten head nurses and assistant instructors (all of them women) besides the physicians.

During the first year students are instructed in marketing, the cost and care of foods as well as cooking; the care of kitchens, pantries, utensils, fuel, and the like, as well as especial training in the preparation of food for infants and for the sick. A study of plumbing and drainage, the principles involved and care necessary to maintain healthful conditions is included, and also a careful study of laundries and laundry work and of linen room and the care and distribution of linen, as well as of bedrooms and surgical wards. The three years' course required in the Johns Hopkins school makes possible all this preliminary work; and it gives to its graduate nurses a training almost equal to that of the Drexel Institute in domestic science, the Boston Cooking School and the Philadelphia School of Massage in their respective branches.

It may be objected that so elaborate a curriculum and so long a course of study would not be possible to all young women otherwise fitted to undertake this important profession, and even if it were possible to attain something approaching uniformity in the various training schools throughout the country, would it be desirable to try to place the standard so high? To this I would answer: by all means put the standard as high as possible, but

if necessary have two grades of nurses. As there are many nurses who could not give time to so complete a course of study, so there are patients who are not ill enough to require, or who lack the means to employ the highest priced nursing. Let there be two distinct grades then, those able to pursue the longer and more elaborate course of study, getting, as they should, to compensate for the larger outlay, a larger wage. But the long course should, so far as is possible, be in every school the same, and the short course uniform as well.

Now the only way in which this seems to me to be even approximately possible is through a plan which has occurred to me, which appeals strongly to my imagination and which would make possible such splendid advantages that it would surely seem worth the effort it would cost to try it. The idea is one which underlies all present day progress, one which is fundamental in all great business enterprises is, indeed, in everything the spirit of the times, the watch word of the future—coöperation.

The fact that what is impossible to one may be easily attained by a dozen is being proved, if proof were needed, at this moment, in all quarters of the globe, in almost every department of human activity. Why not prove it again in solving the difficult problem of how to establish a uniform and high standard in our training schools, a problem which we find so hopelessly "too much" for any one to grapple with? I would like to see established at various centers throughout the state what might be termed the

UNIVERSITY TRAINING SCHOOL.

Let the various hospitals appoint a member from each of their respective faculties to confer with members of the state universities, and decide upon a uniform course of instruction which could be carried on in the different hospitals throughout the state. Any course or courses requiring paraphenalia not usual in a hospital, or for any reason not possible to give in the majority of the hospitals, might be arranged for at the universities; part of the work being thus concentrated could be better given, at less expense under pedagogical methods, while much of it could be done, as it now is, in each hospital, to its own nurses, but this work being planned by a committee from each hospital staff joining the faculty of the university would be uniform and connected. This would, among other advantages too obvious to need pointing out, give a young woman from any one of these institutions holding the university diploma, a distinct standing known and acknowledged throughout the state.

Fuller courses in anatomy and physiology could be given in the universities than are usually possible in most of our training

schools, and courses in sanitation, hygiene, and domestic economy established by the various universities might not be limited to the training schools' pupils, since a sufficient number of students to make the venture pay for itself would probably be glad to take advantage of the opportunity offered if thrown open to the public.

I cannot, however, take your time tonight to enter into any further details. The advantages and disadvantages of the plan would have to be discussed by the faculties of the hospitals and members of the staffs of the different hospitals with the training school committees. It seems to me that the advantages are beyond computation and the disadvantages certainly not greater than lie in the path of all progress. If it is worth while to raise your profession to a higher level, to bring order and power out of the inevitable chaos of its comparative incipiency, it is worth some effort and some sacrifice to bring this about. It was through the effort of graduate nurses that a beginning has been made toward lifting your profession to the place it should hold—second to none that any woman may occupy. It remains for you and those who work with you to further and fulfil this ideal.

454 Franklin Street.

Pernicious Effects of Alternating Current of High Voltage.[1]

By FREDERICK H. MILLENER, M. D., Buffalo, N. Y.

THE Niagara frontier has become the great center of mechanical electrical development, and is destined to be at the head in that regard for many years to come, so, naturally, one would expect in this field, that is pregnant with all the possibilities of electricity, there would first be observed such phenomena as result from the immense quantities of this vital force produced here. Just as in the mining regions one looks for conditions arising from the occupation of mining.

In this brief paper I wish to present one phase of the great subject of electricity and its relation to mankind, having reference specially to its pathological effect upon the health and lives of men engaged directly in the manufacture, transforming or transmission of this mysterious field. The Röntgen ray was a chance discovery, and so are many of the discoveries which are afterwards taken up by our medical profession and utilised for the benefit of humanity.

1. Read at the eighty-fourth semiannual meeting of the Medical Society of the County of Erie, June 13, 1905.

Some of the members of this society could bear witness to the fact that I have probably wasted much time dabbling in the various manifestations of electricity; but I wish to add that one result of the vast amount of time I have given to this subject has been the formation of a habit of watching and investigating everything pertaining to electricity that has come to my attention, and the pernicious influence of alternating currents of high voltage has engaged my earnest consideration.

I have made a careful investigation of eighteen cases during the past few months, and the phenomena observed have been so remarkable, and at the same time so uniform and unvarying, that I felt it to be my duty to present the results of my research to this society, as a problem, in the hope that in a multitude of councilors, there might be found the wisdom which would work out the remedy. In the cases which I shall present to your consideration, I have, for personal and prudential reasons which any professional man will readily understand, omitted the names of the persons who have detailed to me the symptoms and the conditions which have developed in their several individual cases. It would do no good to give their names to the public, and it might interfere in some way with the tenure of their employment, as great corporations, like the great power companies, do not usually relish having their employes publish conditions attending their employment which might deter others from engaging in the same work.

Briefly, however, I may state that all of the facts stated to me have been voluntary, and not the result of questioning, and I am sure that you will agree with me that the similarity of the symptoms points to but one conclusion (and that the one reached by me) that continuous employment in the immediate presence of electric generators or transformers, where one is continuously in an atmosphere heavily charged with electricity, or ozone, or some light or ray as yet undiscovered, results in such disturbed conditions of the digestive fluids or of the secretions of the stomach and its cognate glands and organs, as to greatly impair the digestive function; and that persons so employed lose their appetite, and become of an almost chalky complexion, and experience pain and distress after partaking food, and often have to obtain short periods of vacation in order to recover their ability to eat and digest their foods in a normal manner.

Everybody has observed the exhilaration felt, not only by human beings, but by birds and animals and even by insects, just before an electrical storm. Children run and jump and ramble on the lawn or in the field, and feel almost as though they could fly; the young of animals frisk and sport about, birds dart

through the air, and the insect is specially conspicuous in his tantalising capers. But when the storm has at last broken, and the lightening flashed, and the air smells of ozone and of other electric fluids, there is a feeling of depression, and everything alive seeks to find some restful place where it can keep very quiet. And when the storm had passed away, normal conditions return, and the air is said to have been cleared again.

This is the most common experience. Another common experience is to find, immediately after a thunder storm, that all the sweet milk in the house has turned sour in an incredibly short time. Here we can plainly see a chemical force has been at work. What is that force? It has been explained in a variety of ways. Take your choice of the explanations. I have my ideas.

I have visited the largest, in fact practically all, of the power houses and transforming plants in this entire Niagara frontier, notably those in Buffalo, Niagara Falls, Lockport, Niagara Falls, Ontario, and many of the smaller plants; but it is particularly of the larger plants I wish to speak, where the manufacture of electricity or its transformation is the sole business of the plant.

On Saturday night last, I visited one of the power plants and one of the men in charge told me that after working for some time in the plant he found that his tea and coffee did not agree with him. He drank no liquors of any kind. Then he began bringing a bottle of milk with him for his lunch, but he said that did not work, because the milk always turned sour before noon, although it was delivered fresh the same morning. To test this, I personally went to a nearby barn and milked a quart from an obliging cow, and brought it to the plant and placed it where it would have the direct influence of the waste electricity from one of the large transformers, and in less than 90 minutes the milk was sour,—the chemical effect of the high voltage alternating current. The man himself had been at work there for 6 months, and he said that when he came to the plant he was hearty, red faced, full blooded, had a good appetite, good digestion, and was a perfectly well man. Now his face and hands were almost as white as chalk, he had no appetite, and when he ate his lunch, he nearly always felt distress from it in a short time, if he remained in the plant. Whereas, if he went home to lunch and stayed away during the afternoon, he had no such distressing feelings. The same was true of breakfast or dinner. If he ate his lunch at home, and returned to the plant, he would feel the distress, just the same as if he had eaten it in the plant.

This condition was not due in any degree to a sedentary life,

for his work kept him very active, and he got all the exercise a man ought to have to keep well and healthy. Neither was it due in any degree to bad ventilation, as in these power plants there is always the very best ventilation, windows and doors are open, and to test the currents of air in one of them, I carried a lighted candle about, and I found a uniform current of air from the outside inward towards the machines. These power plants are kept scrupulously clean; drainage, lighting, heating, and the like, are perfect. In fact no stoves or heating apparatus is ever employed, as the waste energy in the form of heat which comes from the machines is always found sufficient to keep the buildings warm enough winter or summer. One would say that a power house was an ideal place in which to work, so far as all conditions of hygiene or sanitation are concerned, and so it is; but there is that mysterious fluid flowing all around about you, above, below, and on every side. Is it ozone? Is it the *x*-ray? Is it the violet, or the ultra-violet ray? Or is it some ray or light which science has not yet observed? What is it that throws the digestive apparatus into such disorder?

Case I.—Mr. P., age 29; married; was employed around transformers, transforming current of 23,000 volts, 11,000 volts, and 2,300 volts per year. After having been near the machines for six or seven months he began to experience abdominal pains, became constipated, lost color and became irritable. This man went to several physicians, who, after examining him, would prescribe a physic and tell him that there was nothing particular the matter with him. He found that the only relief he could get from his trouble was to take a vacation. He has had to seek other employment.

Case II.—J. E. B., age 27; worked around transformers two years, suffered from indigestion, constipation, and pallor, lack of energy and irritableness, with a desire to go to stool, the results of which are negative, and when he has a passage they are ill-smelling but normal in color. As soon as he leaves the station for a couple of days he feels better.

Case III.—B. W. H.; married; age 30; good habits; has worked around transformers for five years, has been in three different stations. Four months after first going to work he began to have pains across his abdomen, loss of appetite and extreme pallor. He was obliged to "lay off" from his work frequently. Physicians were inclined to believe he was coming down with tuberculosis.

I have a record of fifteen more cases, all of whose symptoms are similar, therefore, I will not read them, but any of the medi-

cal profession who are interested I would be pleased to place in communication with them. These men are all at the present time able to work, but their work is not the pleasure it should be.

I can add but little more. I have stated a problem to the physicians of Erie County. Will the honor belong to one of us of discovering the remedy? What that remedy will be I cannot say. It may be some sort of a grounding of this wasted fluid that now fills the rooms of the power houses. It may be some neutralising ray, or some form of insulation which can be applied. It may be any one of many things, but which one, none of us is at present prepared to state. It may be some great electrician like the immortal Edison who will find the remedy, instead of one of our profession. For when I had the pleasure of an intensely interesting visit with Mr. Edison in his laboratory last month, I found him as deeply absorbed with things new and marvelous as he ever was in the whole of his marvelous lifetime. I shall shortly submit this problem to him, for my own personal satisfaction, even if without the hope of any solution.

What does this mean to the men engaged in this business? First, it means personal discomfort and distress, which alone would make it enough of a problem to engage our serious attention. Then, again, it means that these men will be put in substandard lists for purposes of life insurance. It means, possibly, deterioration more or less permanent to the individual and to his children. It should be of sufficient interest to our profession to warrant further study and investigation. If my paper has the effect of awakening an interest in this problem, it will have served its purpose.

139 N. Pearl Street.

Brief Considerations Relating to Convalescence.

By E. E. ROWELL, M. D., Stamford, Conn.

THE care of patients during the period of convalescence from acute diseases is a field where much more could be accomplished than is generally the case. At the beginning the attending physician exercises his best efforts in observation to make a correct diagnosis and, if accomplished, seeks to adopt a line of treatment which will avoid entirely or prevent the pitfalls which his experience tells him are possibly or probably in his patients' way. If, in spite of his care, the patient becomes progressively worse, or an unexpected serious crisis occurs, his activity necessarily redoubles, but once the crisis is passed and convalescence

commences, it is too often the case that interest in the patient slackens and the doctor's treatment becomes more and more perfunctory and routine-like, everything being left to the recuperative powers of nature. In many cases this blind confidence may be justified by the outcome and the patient goes on to make a recovery. Too frequently, however, many patients are less fortunate and the tissue wastes caused by disease are slowly replaced or not at all, while the various organs of the body resume their interrupted functions only partially or imperfectly.

In convalescents, in whom nature takes up again the task of building up, not merely replacing tissue, the appetite is poor and the digestive process inadequate, so that the food usually taken in these cases is not correctly prepared for assimilation and nutrition. The mental status of a patient is abnormal; he takes no interest in his surroundings and there is no sharp rebound upwards, such as we may observe where proper nourishment is supplied from the first. The organs of elimination are also inactive and incompetent to perform their functions, increased as the demand is by the excessive oxidation and accumulation of waste products which attend at this stage in most diseased conditions. The nervous system also plays an important part in the establishment of a complete convalescence. Perfect performance of its function by an organ depends upon the proper nutrition of the brain and spinal cord. Given a state of low vitality as in these cases of delayed convalescence, and all the organs of the body will suffer, whether their function be secretion or elimination, and their cells themselves, lack the requisite energy for taking up from the blood the materials necessary to their maintenance and to the development and formation of similar cells.

In all such cases, these several organs, the stomach and the intestines, the liver and the kidneys, the blood-making tissues, and finally, the brain and the spinal cord need a complete and perfect nutrition associated with mild stimulation. These wants I have found ideally combined in bovinine. It is a tonic and food par excellence and I have found it generally indicated in convalescence from most forms of acute disease.

Emergency Sutures.—If you have to tie a bloodvessel in an emergency, and you have no sterilised sutures, it will always be best to tie one end of the thread short and bring out the other end at one of the angles of the wound; allowing it to remain there. It will promote drainage, may be easily removed when it becomes loosened, and will diminish the chances of abscess formation.—*International Journal Surgery.*

SOCIETY PROCEEDINGS.

Buffalo Academy of Medicine

Section on Medicine, April 11, 1905.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

THE regular meeting of the medical section was held Tuesday evening, April 11, 1905, at the academy rooms in the Public Library building. The meeting was called to order at 9 o'clock by the chairman, Dr. Allen A. Jones. The minutes of the last meeting were read and approved.

Dr. Henry Dwight Chapin, professor of the diseases of children, in the Post-Graduate Medical School, New York, presented a paper entitled,

THE FUTURE VIEWPOINT AND PRACTICE OF INFANT FEEDING.

Author's Abstract.

The attempts at placing infant feeding on a scientific basis during the past twenty years have been devoted principally to altering cow's milk so that it should resemble human milk in its chemical properties. Peptonising milk, diluting it and adding cream, sugar and some alkali, sterilisation and pasteurisation have been advocated, but the problem of making human milk has not yet been solved. It is now recognised that studies must be made in other directions. The mother supplies the fetus and infant with food in six different forms from conception to weaning, and milk is one of these forms. The object of changing the form of the food, is to make it suitable for the infant as it develops. The infant at birth is not completely formed, and while supplied with milk its digestive apparatus undergoes a transformation that fits it for solid food. Mother's milk is an elastic food, in that when it comes in contact with the infant's gastric secretions it is built up into solid compounds before digestion proceeds, which increase in density as the infant's secretions become stronger. Milk of all animals has this property and gradually strengthens the digestion of the young and fits it for its future work. It is because animals digest food in different ways and have different kinds of digestive tracts that milks are not alike. Alkalies added to cow's milk prevent the gastric secretion forming solid compounds with it and allow the milk to remain fluid in the stomach and readily to pass into the intestine. Gruel diluents allow the stomach to perform its function, but

soften the solid curds so as to make them easily digested. Dextrinised or digested gruel diluents put the starch in a soluble condition and add to the proteid value of the food. The object of the present paper is to bring out and emphasise the biologic aspect of infant feeding which has heretofore been overlooked.

DISCUSSION.

Dr. Irving M. Snow: The members of the Academy have reason to feel well acquainted with Dr. Chapin. His book has been widely read and his methods are much employed by Buffalo physicians. He has given us this evening a very original presentation of his subject. There are many problems in the nutrition of the infant that are still unsolved. It seems that a baby cannot thrive without first receiving colostrum milk. Again, many babies are entirely unable to digest cow's milk. I do not understand why this is true. We have all noticed that children who have been fed on malted milk or condensed milk, if they survive to the age of three or four years, are often as well and strong as those who have been nursed by the mother. I am unable to account for this fact, also. On the other hand, it is quite true that the introduction of better methods of infant feeding has greatly reduced the death rate of infants in our cities. For this result, Dr. Chapin and other workers in this field of medicine deserve hearty thanks.

Dr. Dewitt H. Sherman: Dr. Chapin's plan is easily followed by those who have his ladle for measuring the milk. Unless the mother has some such instrument, I find that she is often in doubt as to the amount of milk to remove from the bottle. I have succeeded in simplifying this matter very much by asking the mother to remove the upper half when she wants to obtain an 8 per cent. of milk. The upper one-third of the bottle contains 12 per cent. milk, and, as a matter of convenience, I call the upper one-fourth of the bottle a 16 per cent. milk. In this manner, taking one-half, one-third or one quarter of the bottle and adding the proper diluents, the home modification of the milk is greatly simplified. Formulas are hard to remember, but if we remember the strength wanted in our combination, and the figures given above the problem is easier. It is not necessary to attempt to be more exact than is possible under the plan just outlined; we remember that the actual percentage formulas in vogue a few years ago did not give the satisfactory results that were theoretically called for.

Dr. W. G. Taylor: Some of my cases have apparently flourished on cow's milk, but have suffered severely from constipation. How would the doctor treat such cases?

Dr. G. H. A. Clowes: From the standpoint of the chemist, the laboratory is very unreliable for arriving at the proper mode

of feeding children. I have never seen a better presentation of this question than that which Dr. Chapin has just given us. I wish to ask the doctor how we are to harmonise the statements in his table to the effect that increase of proteids in the diet of young animals leads to an increase in growth and strength, with the facts brought out in some of the recent experiments of Professor Chittenden in which he reduced the amount of proteid food and obtained a corresponding increase of strength in the subjects of his research. That portion of the proteid food which, instead of being utilised for the formation of tissue, is oxidised and goes to form heat energy is likely to produce an excess of amido bodies, and the like, which exert a detrimental action on nutrition. Can we not, therefore, use less proteid for children and get a stronger race? Another question relates to the proper amount of salt and other salines to be added to milk in order to bring it up to the normal percentage existing in the food of adults. How much salt should be given the infant, and how does it affect the production of hydrochloric acid in the stomach? The wide range in the ability of different children to assimilate the casein of cow's milk may be explained by the biologic reactions of different individuals toward the same proteid. We know that two carbohydrates,—as cellulose and starch,—can be easily differentiated by chemical tests. The various caseins, on the other hand, vary in their biologic rather than their chemical reactions.

When the proteids present in the serum of one animal are injected into an animal of another species, in the course of time the serum of this second animal is capable of precipitating the serum of the animal first employed and of all other animals of the same species, whilst animals of other species are only affected in a lesser degree. This differentiating reaction may frequently be effected when it is entirely impossible to show any chemical difference between the bodies in question.

Does Dr. Chapin think that this property of the proteids accounts for the variation in the ability of different children to assimilate certain proteids?

Dr. CHAPIN, in closing: Constipation is hard to correct, especially in bottle-fed infants. In my experience rolled oats have proven helpful in such cases. In reply to Dr. Clowes I would say, first, that Dr. Chittenden's experiments were on adults, while the question before us is how much proteid to give the baby. We must refer back to the composition of woman's milk and we find that it contains from 1 to 2 per cent. of proteid. It is a biologic fact that we cannot essentially alter the percentage of ingredients in the milk of a given animal, no matter what change we produce in its quantity. This is practically true of woman, although if a nursing woman is nervous the proteids may run somewhat higher and become harder to digest. This condition is improved by rest. The baby grows very rapidly. Growing bone and muscle require a considerable amount of proteid. During the entire

period of nursing, the proteid content of the milk does not change, but the reaction of the baby's digestion does change. It is not well to feed a low percentage of proteid permanently; you are likely to produce a fat baby, deficient in bone and muscle. It is well for the doctor to bear in mind that he can not estimate the growth of a child by its weight alone. It is my practice to feel the baby as well as to weigh it. As to the use of vegetable proteids in infant feeding, we find that, unless they are perfectly broken up, they are not as easily digested as animal proteids, even when fed in the same percentage. In answer to the question concerning salt in the infant's food, I think that if the proteids are given in proper proportion the salts will not be deficient.

Owing to the lateness of the hour Dr. Bayliss desired to postpone the reading of his paper to a future meeting.

The academy adjourned at 10.25. Total attendance, 74.

Section on Medicine, May 9, 1905.

Reported by FRANKLIN W. BARROWS, M. D., Secretary.

THE regular meeting of the medical section was held Tuesday evening, May 9, 1905, at the academy rooms in the Public Library building, at 8.50 o'clock, the chairman, Dr. Allen A. Jones, presiding. The minutes of the last meeting were read and approved.

PRESENTATION AND DISCUSSION OF CASES.

Dr. DeLancey Rochester: Some time last autumn a patient was sent from a neighboring town to the Buffalo General Hospital mainly for diagnosis of a disease of the knee joint. The case was diagnosticated as tuberculosis and after being treated for some time was sent home greatly improved, free from ulceration and discharge. The patient's father inquired at the time, and was instructed as to the nature of the affection and the proper care of the case. Recently a letter has been received from the father a part of which I will read this evening. He complains that his milk trade has been ruined on account of this single case of tubercular joint disease in his home. This incident shows the unreasonable prejudice of many communities against this class of patients, and points the need of better information on the subject of the infectiousness of tuberculosis.

Dr. A. W. Bayliss: It would be well if the physician were more guarded in his statements concerning diagnosis. If, in this case, it had been called necrosis of the joint instead of tuberculosis the statement would have made less trouble.

Dr. Rochester: As this case was sent to Buffalo largely for diagnosis, to relieve the doubts of the local doctors, it was necessary to call it by its real name.

ELECTION OF OFFICERS.

Dr. Lytle nominated Dr. Bayliss for the position of chairman. On motion of Dr. Rochester, seconded by Dr. Thoma, the secretary was instructed to cast the ballot of the section for Dr. Bayliss, who was elected.

Dr. Grosvenor nominated the present secretary to serve for another year. The secretary declined the nomination. Dr. Lytle nominated Dr. Taylor, who said he was unable to serve. Dr. Congdon nominated Dr. Colton, who also declined to serve. On motion of Dr. Rochester, seconded by Dr. Lytle, the chair was instructed to cast the vote of the section for Dr. Barrows, who was elected secretary.

Dr. Albert T. Lytle read a paper entitled,

THE NURSE OR THE DOCTOR?

(*Author's Abstract.*)

The author gave a historical review of the development of the present system of education of nurses, stating that, while hospitals were known for a considerable period before the Christian era, yet the first European public hospital was erected in Rome in 380. He said that nursing, prior to 1835, was carried on by religious orders like that of the Sisters of Charity of today; that the modern idea of trained nurses was evolved from the inception of a hospital at Kaiserswerth, Germany, by Pastor Fliedner; that instruction for nurses was systematised by Florence Nightingale, who, in 1853, established a training school in Saint Thomas's Hospital, London, which became the nucleus of the present elaborate system of training; that in America special training dates back to 1863, but was not fully developed until 1873; that 1879 saw the establishment of the first training school in Buffalo; that since 1873 nearly every institution caring for the sick had established some sort of a nurse training school until more than 552 such institutions now exist in the United States.

He called attention to the extensiveness of the movement as evidenced by the formation of local, state, national and international associations, congresses and the publication of weekly, monthly and quarterly periodicals exclusively for the benefit of this profession. He compared the courses of training offered by the various schools throughout the world and practically

divided them into two groups, one of which gives theoretical prior to practical training, while the other gives theoretical instruction interspersed throughout the entire course of practical work; that in general the time spent is three years. He said that the books recommended for use, the character of the class work and the lectures, and the practical work in well equipped hospitals, indicated that nurses received an education in medicine but little inferior to that given in many medical colleges.

He called attention to the remarkable demand for trained nurses, which had practically increased ten fold in the past ten years; to the probability that the average annual income of the trained nurse was in the neighborhood of $450 exclusive of living, while $1,500 would be an extreme remuneration; to the fact, that untrained women were rushing into the profession owing to the pernicious advice of well meaning friends,—especially pastor and physician. Dr. Lytle then summed up the state registration laws, hinted at the advantages to be derived therefrom by nurses, and stated that eight states had adopted laws governing the registration of nurses. He spoke of the excellent quality of the theoretical work given by a few of the correspondence schools; described the four year course given by a Massachusetts school wherein nurses pay for their education like any other students seeking technical attainment and quoted opinions severely criticising present school systems and the payment of nurses for their services in the hospitals while in training.

In conclusion, he said that a comparison of the opportunity for medical experience, which a course in nursing offers to the student as compared to that of a course in medicine, considering the textbooks recommended for nurses, would lead many physicians to think that a nurse received a better and more practical training for the practice of medicine at a much less expense than does the student who aspires to the degree of M. D.; that owing to the character of the education as indicated by the curriculums reviewed, it was simply a matter of justice to the graduate nurse to assume that she should consider from the fulness of her education that she had the right to use the acquired knowledge in benevolent and romantic aid to the sick,—i. e., to practise medicine; that because of the intimate relation of nurse to patient the opportunity to diagnosticate and to treat diseased conditions which should naturally fall to the care of the doctor was of very frequent occurrence and that the nurse was taking advantage thereof; that the rapid and comprehensive increase in educational requirements and in the technical equipment of nurses would naturally and justly cause them to assume the position of competitors and that this would be but the boomerang blow which

hospitals and physicians had incurred because on the plea of philanthropy and for the benefit of the innocent public, they had used the trained nurse and the training of the nurse for purely mercenary ends and personal advancement.

The author prophesied that the effect of this competition would be good in that it would drive out of the field the fakir, the quack, the osteopath, the Christian scientist, the clairvoyant, the patent medicine man, the advertiser and a host of like frauds, and that it would compel the physician to be more careful and to keep abreast of the advances in his profession.

DISCUSSION.

Miss Sylveen Nye: I wish to embrace this opportunity to emphasise as a fact the remarks of Dr. Lytle to the effect that the medical and nursing professions are dependent and interdependent. Much more than appears to the laity, is the nursing dependent upon the medical profession. Nurses must practise in harmony and conjunction with physicians if their mission is to be reached with success.

In 1900 a paper, prepared by myself, was published in the *Trained Nurse and Hospital Review* in which I advocated the proposal of a bill to the New York state legislature that should incorporate the following principles:

1. Uniform entrance examinations.
2. Uniform curriculum.
3. Uniform final examinations conducted by the regents.
4. That no hospital be allowed to maintain a training school for nurses unless it could in its own school, or through combination with another, furnish a general training.

I realised that this would necessitate radical changes in many hospitals and could not be accomplished in a short time. It has never been my idea to institute any change in general hospital management that would result otherwise than in ultimate benefit to the hospital as well as to the nurse.

In the winter of 1902 and 1903 at my instigation, a bill endorsed by the Buffalo Nurses's Association was introduced in the New York state legislature by Assemblyman Nye, of Schuyler, which provided that every nurse who had graduated from a hospital existing in conformity with the laws of its state, might register. Our contention was that the state had not the right to permit hospitals to establish training schools, graduate pupils, issue diplomas and then by statute bar them from the rights of a trained nurse. The passage of such a bill would have met with

immediate recognition from all nurses and would have withheld the power of a created board of examiners passing upon the qualifications of a nurse already graduated, and legalised to practise by our existing laws. The first registration should have been made simple and easy; then should have followed, in due time, another bill requiring uniform entrance examinations, uniform curriculum, and uniform final examinations. In a few years the matter of hospitals furnishing a general training, by combining, would have been of comparatively easy solution.

I believe that physicians should be included in the board of examiners. Under existing conditions it is difficult for one to know just what are the present standards of nursing. To me it seems that the present New York State law regarding the registration of nurses is not a success. While it has, doubtless, been an incentive and has improved conditions in many training schools, many other hospitals have resorted to subterfuges and arrangements which remind one of the results following the passage of the Raines liquor bill, when every saloon became a hotel.

I thank Dr. Lytle for his reference to the overworked nurse. In the training school from which I graduated we were constantly and rightfully instilled with our duty to the physician and to the hospital. Was it strange that the intelligent woman occasionally questioned if there was an equal sense of responsibility of the duty of the hospital and the doctor to the pupil nurse?

I would like also to use this opportunity to protest against the average address to graduate nurses. If any of the doctors present have such duties to perform I beg that they will not make it an occasion to remind the laity of the many faults of which the nurse might become guilty. Usually these things are but a reiteration of what she has been taught from the moment of her entrance to the hospital. Such remarks usually suggest to the people present so many wrong things that a nurse might do, and when the occasion comes for a nurse to be employed in the family it is assumed that she will fall necessarily into the errors against which the doctor has warned her at the time of her graduation.

I look with favor on the movement in Boston for bringing the physicians and nurses closer together. Too many nurses feel that after leaving the training school their education is finished. I believe that nurses' organisations should advocate and encourage a plan of study along the lines of a University Extension Course, assisting the members materially in self improvement and advancement.

In behalf of the Buffalo Nurses' Association I thank Dr. Lytle for his paper and the Buffalo Academy of Medicine for its courtesy in permitting us to be present on this occasion.

Dr. LYTLE, in closing: I have greatly enjoyed the work of preparing this paper. I am surprised at the value of the mental training in preparation for nursing received by women.

[NOTE BY THE EDITOR.—In relation to this subject, the address by Dr. F. Park Lewis, published elsewhere, page 781, will be of interest.]

Dr. A. W. BAYLISS read a paper on

THE TREATMENT OF DISEASE BY MEANS OTHER THAN DRUGS.

(*Abstract.*)

This paper deals with what may properly be called physiological therapy, or means employed to assist the return from a pathological to a physiological condition. The body of the athlete illustrates the effects of exercise and massage, as they might be applied to the treatment of certain muscular conditions. Chronic constipation which has resisted all the cathartic drugs often yields to electricity and vibration aided by mild laxatives. In shock, during or following operation, the most efficient relief comes not from drugs but from physical and mechanical means, such as stimulation of the skin by heat, of the heart and respiratory centers by electricity, the introduction of normal salt solution and in extreme cases massage of the heart.

I am in favor of using drugs only when we cannot succeed without them. When we want diaphoresis why not produce it by direct action on the skin instead of giving a drug that acts on the central nervous system and depresses the patient?

Physiological therapy sometimes misses its aim because of faulty apparatus or faulty application. Many of the appliances now used for generating electricity are worse than useless. The proprietor of a sanitarium recently exhibited to me, with sincere pride, his ultra violet apparatus, which consisted of about six feet of flexible cord with a common incandescent bulb colored purple. He expected to benefit diseased tissues by holding this lamp in front of them. A Finsen light must carry at least 40 amperes. Those who use such agencies must first understand the principles on which they work and their action on normal as well as on diseased tissues.

It is more than unjust to your patient to begin a course of electric treatment without carefully outlining it in your own mind.

For electrical treatment one must have an outfit for supplying the constant and induced currents. For the galvanic current one needs at least 30 cells, a rheostat and a milliampere meter. The coils for the induced current should be interchangeable and

made of different sizes of wire capable of being tapped at different points for producing at will sedative or stimulant effects.

Massage was practised in the times of Plato and Hippocrates. The term includes many forms of exercise applied to the patient either by means of the hands or by some mechanical contrivance. Our modern machines accomplish more in a given time than can be done with the hand and admit of all the variations necessary in the treatment of delicate superficial structures or deeper tissues. Vibration is not adapted to conditions that are not localised; it will not take the place of the gymnasium properly utilised under a competent director.

I believe that one reason why the original type of Finsen light is not a success in America is that the American physician has not the time to devote to this form of treatment. Dr. Finsen asserts that 94 per cent. of cases of lupus and rodent ulcer are cured by his treatment. But his instrument carries a current of 40 to 80 amperes and a treatment lasts one hour. Why should we expect the same results from 10 or 15 minutes' treatment with a current of one to three amperes?

Many physicians are inclined to discard *x*-ray treatment after seeing one failure. If the surgeon, after his first fatal case of appendectomy or tumor operation, were to conclude that surgical treatment of all such cases is a failure, he would be on the same level with many experimenters in *x*-ray treatment. Most of the cases coming to the *x*-ray specialist are too far advanced to get relief. They should begin treatment before ulceration has set in. I have yet to see the case of malignancy that came to me in its first stage and was not benefited or cured by the *x*-rays.

Much could be said on the different kinds of baths and their uses. There are many cases in which some form of bath would be used to advantage, were not this branch of therapy so generally neglected. Why should not our colleges add to the medical curriculum the branch of physiological therapy?

DISCUSSION.

Dr. ROCHESTER: I thank the doctor for presenting to the academy a branch of treatment that is greatly neglected. For ten years I have been in the habit of writing out directions for my patients instead of prescriptions. It often surprises and amuses the patient to see so much stress laid on matters of habit and so little dependence placed on drugs. I advise my students never to prescribe drugs when they can employ other means to the same ends. If we do not know how to use the apparatus described in the doctor's paper we should not try to use it, but should send the patient to the specialist.

Dr. Congdon: What means would Dr. Bayliss use for stimulating a patient after operation?

Dr. Bayliss, in closing: In extreme cases where, following operation, the respiration and heart are failing, medicine is of very little use. In such cases I would use mechanical means of stimulation.

The meeting adjourned at 10.15 o'clock. Attendance, 53.

Medical Society of the County of Erie.

Eighty-fourth Semiannual Meeting, June 13, 1905.

Reported by FRANKLIN C. GRAM, M. D., Secretary.

THE president, Dr. John D. Macpherson, opened the eighty-fourth semi-annual meeting of the Medical Society of the County of Erie in the rooms of the Buffalo Society of Natural Sciences, at 10 a. m., June 13, 1905.

The minutes of the annual meeting and of the special meeting, held February 27, 1905, were read by the secretary and approved.

Dr. William Warren Potter, chairman of the membership committee, reported favorably the name of Dr. Myrtle Lothrop Massey, membership to date from January, 1905. The report was adopted.

Dr. Henry R. Hopkins, chairman of the board of censors, made a verbal report of the work performed by the censors during the past six months. Among other things accomplished the board has obtained the conviction of Louisa Busch for violation of the practice law. She was fined $250, and the fine was duly paid to the treasurer of the society. He offered a resolution that the secretary be directed to turn over to the censors all papers pertaining to the case of C. H. Woodward.

The censors' report was received and the resolution adopted.

Dr. Hopkins then submitted a report as chairman of the legislative committee and closed by offering the following:

Whereas, The Medical Society of the County of Erie holds the following truths to be axiomatic: that the preservation of the public health is the most important duty of the state: that an efficient medical profession is necessary to the existence of civilised life: that the medical profession must be organised in order to act with efficiency in matters of general or public interest,—

that the medical profession of this state should support the present standard of medical education required by our system of state examination,—that our system of state examination is almost invaluable though faulty in that we have three state examining boards where there should be but one. Therefore,

Resolved, That this society hereby instructs its committee on legislation to prepare a bill for the purpose of improving our system of state examinations—by creating a single examining board of such number of members, so selected as shall be determined by the various representatives of the medical profession.

Resolved, That the Medical Society of the County of Erie, State of New York, hereby authorises its committee on legislation with full power, and instructs the same to invite conferences with other societies, state and county, to the end that the proposed bill may meet the views, and have the support of the medical profession of the state of New York.

Dr. William Warren Potter took exception to the wording of the resolution. He said it was in this body that the present state medical practice law had its inception and was referred to the medical society of the state where it was deliberated, and fought over for seven years in the legislature before receiving favorable action. When it became apparent that no single board could be had the committee said to the legislature, "Give us as many examining boards as you like, but make the standard uniform and we will be satisfied," whereupon three boards were created. There may be good arguments, he said, for or against three examining boards, and he moved as an amendment that the proposition be referred to a select committee of five to confer with other medical organizations, which are parties in interest, before giving instructions for the preparation of a bill.

Dr. Wende: "Is not that embodied in Dr. Hopkins's resolution?"

Dr. Hopkins read his resolution again and spoke against Dr. Potter's amendment, because the legislative committee of which he is chairman, could deal with it. He said that perhaps his phraseology had been unfortunate and he asked permission to amend.

Dr. Potter: "If I understand the resolution, it instructs the committee to prepare a bill. It seems to me the conferences should be had before instructions are given to prepare a bill."

Dr. Hopkins: "The intention is that conferences shall be had before a bill is prepared."

Dr. Potter accepted this explanation and withdrew his amendment.

The resolution was then adopted.

Dr. William Warren Potter called attention to the Association of Military Surgeons of the United States, incorporated by act of congress. Its president is Surgeon General Walter Wyman, and the first vice-president is our distinguished citizen and vice-president of our county society, Lieut. Col. A. H. Briggs. The next meeting will be held in Detroit, September, 1905, and in the ordinary nature of affairs it may be expected that Dr. Briggs will be elevated to the presidency. He, therefore, moved that Dr. Briggs be authorised to invite, on behalf of this society, the Association of United States Military Surgeons, to hold the following annual meeting (1906) in Buffalo.

The motion was carried unanimously.

Dr. Frederick H. Millener read a paper on

PERNICIOUS EFFECTS OF ALTERNATING CURRENT OF HIGH VOLTAGE.

(See page 788.)

This paper was discussed by Dr. Briggs who expressed the opinion that practitioners should inform themselves on this subject, because they are called upon to deal with the results of electricity.

Dr. J. Henry Dowd read a paper on

IRRITABLE BLADDER.

Dr. Hopkins, in discussing the paper, said that the drinking of too much water caused more irritable bladders than all the gin, whiskey, and beer on the market. Every person could drink before breakfast all the water required by the system for the entire day.

Dr. Eli H. Long asked Dr. Hopkins to give a standard for the amount to be drank.

Dr. Hopkins: "Under ordinary circumstances one pint daily is sufficient, extraordinarily two pints."

Dr. Long: "Would you drink that amount before breakfast?"

Dr. Hopkins: "If you chose."

Dr. Benedict said he would rather have an irritable bladder through drinking water, than have barnacles on his bowels by not drinking enough.

Dr. Dowd insisted that the amount of urine voided had no relation to the amount of water drank by the individual, and cited instances in which the patients drank no water, yet passed excessive quantities of urine.

Dr. H. R. Gaylord spoke on "The Present Status of Kidney Surgery."

President Macpherson thanked the various contributors for their interesting efforts.

Dr. William C. Krauss said that many had enjoyed last year's excursion, and stated that inquiries had been made for holding another at a proper time this summer.

On motion the president appointed Drs. Krauss, Hopkins, and Briggs a committee with power in this matter.

The society then adjourned.

Inflammable Flannelette.—Surely the days of inflammable flannelette should be speedily numbered. The death roll among children who have been fatally injured by the ignition of this perilous fabric is simply appalling. The wearing of flannelette has again and again exposed children to the same risk as if their night dresses were soaked in spirit. The fabric catches fire as easily and burns with the same intense flame as alcohol, and the flames are not readily extinguished. "An inquest was held recently on the body of a little boy 2 year old. He was left to play in a room while his mother was absent. He was in a flannelette nightshirt. The mother had not left the room long when she heard screams and found the boy in flames. He was terribly burned, and the poor little fellow died within twenty-four hours of the occurrence." Such is the sort of heartrending paragraph constantly appearing in the newspapers. One coroner alone has stated that last year he held no less than seventy-three inquests on children who had been burned to death, and a large proportion was due to flannelette igniting.—*The Lancet.*

Professor Brieger, of the Berlin Medical Institute, was busily at work in his laboratory surrounded by a formidable array of chemical and bacteriological utensils. A distinguished foreign physician called upon him and watched his absorbing labor with interest.

The professor's attention seemed to be anxiously, but still hopelessly, concentrated on a vessel which was enveloped in smoke and steam.

"Guess what I am boiling here in this pot," said the professor.

The visitor began to enumerate the entire scale of micro-örganisms.

"Micrococci?"

"No."

"Sonococci?"

"No."

"Spirochaeta?"

"No."

"What then?"

"Sausages," replied Brieger.—*Cleveland Plain Dealer.*

The University and Hospital Bulletin

DEVOTED TO THE INTERESTS OF THE UNIVERSITY OF BUFFALO AND THE HOSPITALS.

EDITED BY
NELSON W. WILSON, M. D.

Assistants:

E. R. McGUIRE, M. D., BURTON T. SIMPSON, M. D.

Under the auspices of the Faculty of the Medical Department of the University

M. D. MANN, A. M., M. D., Dean, ROSWELL PARK, A. M., M. D., LL. D.,
CHARLES G. STOCKTON, M. D., CHARLES CARY, M. D.,
JOHN PARMENTER, M. D., HERBERT M. HILL, A. M., Ph. D.,
ELI H. LONG, M. D., HERBERT U. WILLIAMS, M. D.

AND

Buffalo General Hospital	*Hospital of the Sisters of Charity*	*German Hospital*
HENRY REED HOPKINS, M. D.	EUGENE A. SMITH, M. D.	HERMAN E. HAYD, M. D.

Alumni Association, Medical Department, U. of B.

THE Thirtieth annual meeting of the Alumni Association of the medical department of the University of Buffalo was called to order by the President, Dr. DeLancey Rochester, in the Alumni Hall, at 8.30 p. m., May 3, 1905.

The minutes of the previous meeting were read and approved.

The treasurer's report was received and referred to an auditing committee, which later reported that the accounts and accompanying vouchers had been examined and found correct, with a balance of $160.70 in hand. The report, signed by the committee, William Warren Potter and Allen A. Jones, was filed.

Dr. A. T. LYTLE, chairman of the executive committee, reported as follows:

[This report, not having been supplied, must be omitted.—EDITOR.]

Moved by Dr. POTTER and seconded by Dr. A. A. Jones that the report be received and spread upon the minutes; and further, that the thanks of the association be tendered the committee for the able manner in which they had discharged their duties. Carried.

The secretary read an obituary notice of Dr. Ava Melissa Carroll. On motion it was ordered that the report be spread upon the minutes, and a suitable acknowledgment made to Dr. Jane W. Carroll, mother of the deceased.

The President appointed a nominating committee consisting of Irving M. Snow, N. L. Burnham, and B. F. Rogers, which reported nominations as follows: President, Fridolin Thoma, '89, Buffalo; first vice-president, W. R. Campbell, '80, Niagara Falls; second vice-president, M. B. Shaw, '66, Eden Center; third vice-president, Mary M. Huntley, '96, Buffalo; fourth vice-presi-

dent, G. A. Himmelsbach, '91, Buffalo; fifth vice-president, H. P. Trull, '67, Williamsville; treasurer, H. K. DeGroat; secretary, N. G. Russell.

Executive Committee.—A. T. Lytle, chairman; Franklin W. Barrows, G. W. Wende; *ex-officio*, F. Thoma, E. H. Long.

Trustees.—A. W. Henchell, Rochester; A. W. Bayliss, Buffalo; R. P. Bush, Horseheads; D. W. Harrington, Buffalo; William M. Ward, North Collins.

On motion the secretary was ordered to cast one ballot, which was done, and the nominees were declared duly elected.

The president delivered his annual address (see p. 701 June issue of the JOURNAL) and was followed by Dr. E. L. Shurly, of Detroit, with a paper, entitled, "Concerning the Etiology of Appendicitis. (See page 773, this issue.)

The discussion was opened by Dr. Eugene A. Smith.

Dr. M. D. MANN presented a verbal report on general matters of interest relating to college affairs, announcing among other things that the term would be lengthened one month, and the minimum marking increased to 75.

Moved by Dr. W. W. POTTER and seconded by Dr. A. A. Jones that the thanks of the association be tendered the faculty in consideration of raising the standard and lengthening the course of study.

On motion the thanks of the association were tendered Dr. Rochester and Dr. Shurly for the excellent papers presented.

The meeting adjourned without day, and the alumni proceeded to the library where they were the guests of the faculty at a smoker.

TRANSLATION.

The Salts of Pyramidon[1]

By FRANZ TAUSZK,
University Tutor in Budapest.

[Translated for the *Buffalo Medical Journal*]

WHEN we refer to antipyresis in cases of pulmonary tuberculosis, it is only with respect to the symptomatic treatment; in no wise, however, do we believe that even by the most rational, practically managed antipyretic procedure, can we gain the slightest specific influence over the nature of pulmonary tuberculosis. I am convinced, however, that by means of a suitably administered antipyretic, according to the degree and intensity

1. Deutsche Praxis vereinigt mit Zeitschrift für Prakt. Aerzte und Medizinische Neuigkeiten, 1905, No. 7.

of the fever, we may improve and beneficially act on the vigor of the patient.

The number of drugs appearing as antipyretics in pulmonary tuberculosis is enormous. There are some good and some very good; still it is certain that among them is not one which is so good a remedy that a better might not appear. Among those preparations which, with many others, have appeared in the course of recent years and proved valuable in practice, is pyramidon.

It has been utilised particularly in cases of phthisis with elevation of temperature. At the Tuberculosis Congress in Berlin, Kobert directed the attention of physicians to pyramidon, and recommended the drug to combat the fever of tuberculosis. He based his report on his experience with nearly 6,000 cases, and came to the conclusion that with respect to action, pyramidon surpassed quinin, euchinin, antipyrin, lactophenin, antifebrin, salipyrin and tolipyrin. Kobert emphasised the fact that pyramidon influenced the heart beneficially rather than injuriously; and credited it with a stimulating effect on the appetite, and as indirectly increasing the body weight. It is not necessary to mention all those who had tried pyramidon in cases of pulmonary tuberculosis and who reported favorable results. The antipyretic as well as the antineuralgic action of the remedy has been so positively proven, that a further confirmation in this respect also appears unnecessary. We will refer, then, only briefly to the communication of Ladislaus v.Ketly, in which he states that he observed good results with pyramidon in cases where other drugs, previously tried, failed or had not reduced the temperature slowly and permanently. For the fever of tuberculosis, pyramidon may be given unhesitatingly in doses of 0.15 to 0.3 grams (2⅓ to 5 grains) without causing disagreeable symptoms.

I myself have had the opportunity in innumerable instances to study the action of pyramidon in cases of febrile and afebrile patients, and I number the same in the list of the most valuable of remedies. I also wish to state that pyramidon acts antipyretically even in small doses, and does not injuriously influence the heart. It answers, therefore, all the conditions we are justified in seeking in a good antipyretic. It is not to be denied, however, that with many patients in whom there is a tendency to profuse perspiration during the reduction of the temperature, pyramidon will produce this condition, which prevents its administration in such cases, in spite of its otherwise favorable qualities.

In order to overcome these disagreeable phenomena, the following salts of pyramidon are offered:

1. Salicylate of pyramidon (1 molecule of pyramidon and 1 molecule of salicylic acid) $C_{13}H_{17}N_3O$. $C_7H_6O_3$.

2. Acid camphorate of pyramidon (1 molecule of pyramidon and 1 molecule of camphoric acid) $C_{13}H_{17}N_3O$. $C_{10}H_{16}O_4$.

3. Neutral camphorate of pyramidon (2 molecules of pyramidon and 1 molecule of camphoric acid $(C_{13}H_{17}N_3O_2)_2$. $C_{10}H_{16}O_4$.

All three salts are in the form of white crystalline powder, which melt between 74°-86° C., and dissolve easily in water as well as in alcohol. Their pharmacological effect was submitted to thorough tests. Compared with that of pyramidon, the toxicity of the salicylate of pyramidon is less, while its anodyne ("pain stilling") action decidedly greater. From these pharmacological experiments it follows that the simultaneous administration of the salicylic acid and pyramidon does not produce the result that is produced by the administration of the salicylate of pyramidon.

As regards the camphorates of pyramidon, they possess simultaneously the antipyretic action of pyramidon and the antihydrotic property of the camphoric acid component. The action of these camphorates of pyramidon is modified according to the different methods of their combination, in so far that the antihydrotic effect is greater in the acid camphorate, while the antipyretic action predominates in the neutral camphorate. In both of the camphorates, the antihydrotic action of camphoric acid is in a great measure increased, and the toxicity of the pyramidon is lessened. These facts are explained in that the salicylic acid and camphoric acid salts of pyramidon are very readily soluble and easily absorbed, whereas the salicylic and camphoric acid, each alone, dissolve with great difficulty and thus are poorly adapted for absorption.

When I decided to test the therapeutic value and the practical application of the three pyramidon salts, I employed the same especially in a febrile patient suffering from neuralgia, lancinating pains of tabes dorsalis, chronic arthritis, associated with articular pains or neurasthenic cephalagia, and must declare that these salts in doses of 0.5-1.0 grams (7½ to 15 grains) once or twice daily, confirmed the hitherto acknowledged superior anodyne property of pyramidon. My observations did not fail to show that the temperature of nonfebrile patients in the first hours after taking the remedy, either remained unchanged or at the most, declined 0.3° C. In those cases where such insignificant reduction of the body heat was observed, this appeared ½ to 1 hour after the taking of the remedy, and after the course of 2 hours, the normal temperature was again reached. I did not observe any unpleasant symptoms from the stomach; in a few individual cases, I observed moderate sweating after the administration of the salicylate of pyramidon.

I further tested the pyramidon salts in different febrile diseases, being led thereto by the publication of Blumenthal of the

Stadelmann Division of the "Am Urban" Hospital, who expressed himself very favorably after detailed experiments with these salts in cases of tuberculosis. In this report, however, I desire to mention only those cases in which my observations extended to the action of the drug in cases of tuberculous fever.

Each of the three salts, the salicylate of pyramidon as well as the acid and neutral camphorates, possesses decided antipyretic action, but not, however, in equal degree. The strongest antipyretic action is furnished by the salicylate, somewhat weaker by the neutral camphorate, and the least by the acid camphorate. The size of a single dose, with which we may secure a sufficient antipyretic action, varies according to the individual; in general, however, it may be said that to obtain equal results, the average dose of the salicylate is 0.25 to 0.30 gram (4 to 5 grains), to reduce the temperature 1-2° C., of the neutral camphorate 0.50 to 0.75 gram (7½ to 12 grains) and of the acid camphorate, 0.50 to 1.0 gram (7½ to 15 grains). The reduction of the temperature begins within the first quarter of an hour after taking the remedy, progresses equally, and after two hours approximately reaches the lowest degree. From there, the temperature begins to rise gradually and reaches, after five to six hours, its original height.

My experience shows that in cases of high fever it is best to administer larger doses at once. Thus, for instance, in the case of a man 37 years old, suffering from tuberculosis, with a temperature of 38.4° C. (102° F.), complete apyrexia followed in 1½ hours after the administration of 0.25 gram (4 grains) of the salicylate of pyramidon. In the same patient, with the extension of the pulmonary process, the temperature suddenly rose to 39.2 to 39.8° C. (103 to 104° F.) after we had noted for weeks, daily afternoon temperature of 38.2 to 38.5° C. (101° to 102°F.). In this state, 0.25 gram (4 grains) of the salicylate could accomplish a reduction in temperature of only 0.4 to 0.5° C., whereas one dose of 0.50 gram (7½ grains) produced in two hours a fall in the temperature to complete apyrexia. These experiences included also the action of the camphorate of pyramidon.

One may secure very favorable results also with frequent, equally divided small doses administered daily, when it is desired to keep the patient free of fever. In cases of slight elevation in temperature, it suffices, for instance, to administer to the patient 0.25 gram (4 grains) of the salicylate three times daily at regular intervals in order to have the temperature remain at normal. The same is true of the neutral and acid camphorates of pyramidon, only that somewhat larger doses of these salts must be administered.

It must be stated, however, that one cannot depend with apodictical assurance to keep febrile patients completely free of fever by the administration of the pyramidon salts at long intervals. In many cases where the temperature did not exceed 38 to 38.5° C. 101 to 102° F.), the administration of 0.25 gram (4 grains) of the salicylate, morning, noon and night, sufficed to keep the patient free from fever. In one other case the patient was free from fever all day, whereas elevation of temperature would appear at night; nevertheless, complete apyrexia was secured in this case after the administration of a fourth dose of the salicylate. In another case, where the temperature exceeded 39° C. (102°F.), and where 0.50 gram (7½ grains) of the salicylate of pyramidon three times daily was prescribed, complete apyrexia was not secured. In such cases, the desired result was obtained only after we administered 0.30 to 0.40 gram (4½ to 6 grains) of the salicylate every two to three hours. To be sure, the maximal dose was exceeded considerably,—always a doubtful procedure in such severe cases.

Nevertheless, I can positively declare that even in these cases, in which a complete apyrexia could not be acquired because of the excessively high temperature, the fever could be lessened so much by the administration of one of the other of the pyramidon salts three to four times daily, that the patients always derived considerable benefit.

In cases in which the fever was accustomed to appear at a certain time, we always secured favorable results by the administration of the pyramidon salts one half hour before the expected appearance of the fever, when the regularly recurring fever would then either not occur, or would only be apparent by an elevation of one tenth of a degree of temperature.

It is not to be denied that the organism in certain ways accustoms itself to the pyramidon salts, and shows also individual fluctuations; generally, however, this process of the organism becoming accustomed to the pyramidon salts, develops very slowly. Should we observe, for instance, that the reduction of the temperature does not follow a certain dose as promptly as when before given, it suffices to increase the dose about 0.05 to 0.10 gram (¾ to 2 grains), to again secure for a long time the former good results. In one of my cases, one daily dose of 0.25 gram (4 grains) of the salicylate for over four weeks produced a reduction of temperature of about 2° C.; from this time, however, there appeared an ever weakening action, so that toward the end of the fifth week, the same dose only produced a temperature fall of 0.6 to 0.7° C. An increase of the dose to 0.30 gram (4½ grains again effected a deduction of 1.5° C. in the body tem-

perature, and one dose of 0.40 gram (6 grains) even caused a fall of 2° C. in the temperature.

Untoward symptoms play a fairly secondary rôle in the clinical application of the pyramidon salts. In general, small doses are well borne by the patients, and rarely produce any disagreeable symptoms in the stomach, even though the drug be used continuously for a long time. Only in those cases where larger doses of the pyramidon salts have been administered for a very long time, have I noticed an impairment of the appetite. The gastric symptoms, however, were by no means of such importance as to preclude the further administration of the remedy.

A far more important effect, appearing after the use of the pyramidon salts and relative to which a great difference exists between the different salts, is the excretion of perspiration in the patient. The reduction of the temperature which follows the taking of the salicylate of pyramidon is sometimes accompanied by an excretion of perspiration, which is so intense that a further application, notwithstanding its otherwise favorable characteristics, must be discontinued. In several of my cases, the patient felt so exhausted as a result of the sweating, that it was only with great difficulty that I could persuade them to continue taking the salicylate of pyramidon.

As regards the camphorates of pyramidon, they differ in this respect not alone essentially and favorably from the salicylate, but also from all other antipyretics which are employed in tuberculosis. Indeed, they offer decided advantages over these remedies, in that their administration is accompanied by scarcely apparent or only very insignificant excretion of sweat. Between the two camphorates of pyramidon there exists graduated differences, in so far that the acid camphorate exercises, in addition to the antipyretic, a decidedly stronger antihydrotic action than the neutral camphorate. A new indication as regards the application of the pyramidon salts is thereby apparent. My observations in this regard demonstrate that the acid camphorate should be regarded as a very reliable antipyretic and antihydrotic in those cases where the patients show an inclination to excessive sweating. It is to be stated too, that the pyramidon salts beneficially influence the condition known as "air hunger," a characteristic absent in other antipyretics.

In none of my cases, could I discover an injurious effect of the pyramidon salts on the circulation, especially on the heart, even not in those febrile patients whose condition was quite bad and whose heart function was weak.

In addition, the pyramidon salts possess very beneficial characteristics which, in appropriate cases, we designate as side effects

—that is, its decided "pain stilling" action. I had an opportunity to observe this beneficial effect on a patient with pulmonary tuberculosis by whom acute rheumatic polyarthritis developed, as well as on a patient ill with lumbago. The pain stilling quality of the salicylate proved quite satisfactory in both cases.

As a special indication for the application of the salicylate of pyramidon, I desire to cite those cases where pulmonary tuberculosis is complicated with pleuritis or with pleuritic exudation. In these cases I had the opportunity to observe not only the antipyretic but also the diuretic action of the salicylate. One of these cases was a woman with a beginning pulmonary tuberculosis, in whom there developed a pleuritic exudate which extended up to the third rib on the right side. The patient was given 0.50 gram (7½ grains) of the salicylate of pyramidon three times daily. The daily amount of the urine excreted gradually increased from 600 to 800 c.cm. to 2 to 2½ litres, through which, by continued treatment, the exudate disappeared in a little more than two weeks. Besides the diuresis, the excessive sweating effected the diminution of the exudation. A second case concerned that of a young man, 24 years old, with pulmonary tuberculosis in an advanced stage, in whom the administration of 0.5 gram (7½ grains) of the salicylate of pyramidon three times daily, completely resolved the exudate in 8 to 10 days. I regard it advisable to try large doses of the salicylate of pyramidon in all varieties of pleuritic exudation. This remedy should also be administered especially in those cases in which a febrile process of the lungs is associated with painful complications.

I sum up my observations as follows:

1. The pyramidon salts are valuable antipyretics, and as regards this antipyretic action, the salicylate surpasses both the camphorates of pyramidon.

2. The salicylate displays its antipyretic action in one dose of 0.25 to 0.50 gram (4 to 7½ grains), and the camphorates in 0.50 to 1.0 gram (7½ to 15 grains) pro dosi administered three times daily.

3. The salicylate of pyramidon may be employed in cases of pleuritic exudation.

4. All three pyramidon salts possess equal "pain stilling" qualities, and produce scarcely any untoward symptoms.

5. The acid camphorate exercises its temperature reducing effect without being followed by excessive sweating, and because of its antihydrotic action should be considered one of the most important of the prominent antipyretic remedies. Consequently it may be employed with advantage in cases of pulmonary tuberculosis accompanied by excessive secretion of sweat.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 284 FRANKLIN ST., BUFFALO, N. Y.

VOL. XLIV.—LX. JULY, 1905. No. 12

American Gynecological Society.

THIS famous society held its thirtieth annual meeting at Niagara Falls, May 25-27, 1905, during which it disposed of an unusually instructive and interesting program. The social features of the occasion, besides the usual trolley excursions around the cataract environment to Queenston and the Gorge tour, included a reception on Thursday evening, May 25, by Dr. and Mrs. E. C. Dudley, and a smoker on Friday evening, given by Drs. Mann, Frederick, Ford, Van de Warker, and Robb,—all of which were numerously attended and greatly enjoyed.

The reception by the president and his charming wife, after the preliminaries were met, partook of the nature of a musicale, with Mrs. Evelyn Choate at the piano, Mr. Charles McCreary, baritone, and Dr. J. O. Frankenstein, tenor. Classic solos and duets, vocal and instrumental, were rendered and the artists received the generous encores of their charmed listeners.

THE PRESIDENT'S ADDRESS.

One of the special features of the scientific part of the meeting was the annual address of the president, Dr. E. C. Dudley, of Chicago. For many years Dr. Dudley has occupied a place in the front rank of the profession as a gynecologist, teacher, and author, his textbook on gynecelogy being recognised as the best practical or working treatise yet published in America. Therefore, it was fitting that he should speak for the gynecological profession in clear tones and plain language in refutation of some of the aspersions that have been cast against it both by gynecologists and others. Particularly did he emphasise the fact that the "passing of gynecology" has not taken place, and he warned all prospectors, with dog, pick, and gun to "keep off" the claim.

But as we give below what he said in his own language, which is a forceful presentation of the case and deserves the careful reading of all gynecologists, we need not further amplify.

THE EXPANSION OF GYNECOLOGY.

The general law that progress in any direction is characterised by specialisation, with its attendant classification and simplicity, has been exemplified in no great movement more strongly than in the development of the medical profession during the last three decades. The late Samuel D. Gross, foremost general surgeon of his day, after a long period of active service as author, teacher, and practitioner, writing the preface to the sixth edition of his System of Surgery in October, 1882, thus early gives credit to specialisation for the unparallel advances in modern surgery. Specialisation, he says in substance, has penetrated with its methods and instruments of research the innermost recesses of the human body, and in a comparatively brief period has achieved triumphs which general surgery perhaps never would have accomplished.

In the earlier period when the specialist confined himself to a particular organ, disregarding its relations to the general system, when frequently exclusive books appeared from this author, for example, on the stomach, or from that one on the brain, specialisation was cumbersome, narrow, ineffective and a hindrance to scientific medicine. Finally, the logical tendency to study each part not by itself but in its essential relations to the whole system, gave rise to such a welding together into a great unit of all the specialties, that any organ even though recognised in its individual importance and autonomy at the same time was equally recognised as subject to general law. It then became apparent that physiological and pathological processes, such as circulation and infection, were substantially the same whatever the organ involved. Order then came out of chaos and specialisation became a potent factor in the simplification and progress of medicine. From this time forward laryngology, rhinology, orthopedics, ophthalmology, neurology, chimatology, state medicine, obstetrics and gynecology rapidly developed and became identified in all parts of the civilised world with remarkable groups of men who have strengthened scientific medicine by building up these departments to an extent unequaled in any other period of history.

In nearly all of the medical teaching centers of America and Europe the most conspicuous specialty of modern medicine, gynecology, has enjoyed full recognition not only in the day of its early struggle, but later in the period of its highest development, with the significant result that in dignity of position and in out-

put of scientific product it has in many respects outbalanced the department of general surgery itself.

The progress of gynecology has been marked by two pronounced periods: The first was an earlier period, characterised by great activity in the perfection of numerous plastic operations on the vaginal side of the pelvic floor. This development of minor plastic surgery calls to mind many familiar names at home and abroad, most conspicuous among them the names of two of our founders, Emmet and Marion-Sims. The second or later period was one of tremendous progress in the surgery of the obverse abdominal side of the pelvic floor. Now a third period is before us in which gynecology has taken to itself the whole field of abdominal surgery.

The early gynecologist was logically led by the anatomical, physiological, and pathological unity of the reproductive organs into the peritoneal surgery of the pelvic cavity and thence by anatomic continuity into that of the upper abdomen. In peritoneal surgery, his educated touch, his special surgical judgment, and, above all, his training in the technic of plastic gynecology, placed him on a decided vantage ground over the general surgeon.

This widening of limitations to include the territory of abdominal surgery has given rise to an extraordinary and altogether interesting effort on the part of the general surgeon to promulgate the erroneous idea that the gynecologist has become a general surgeon and thereby has forced gynecology as a specialty into the background, where any one, even without special preparation, may practise it. Thus we hear of "The Merging of Gynecology into General Surgery." "The Passing of a Great Specialty." "The Expansion or Obliteration of a Specialty." We are told that gynecology is a finished subject, and that "he who runs may read," that it is only a matter of a few operative procedures, that the technic of it is now perfected and ready-made for the hand of any one, that soon in medical journals, in textbooks, in medical schools, in societies and hospitals, gynecology will be merged into general surgery and the name will be forgotten.

In considering this most recent attitude toward gynecology I do not refer to the practitioner who may be so situated that the most competent experts are not available; necessarily he may be compelled to the best of his ability, not for himself alone, but in the interest of his patient, to undertake not only gynecology, but all the other specialties, nor do I deny that a general surgeon of sufficient versatility may carry on miscellaneous surgical work and at the same time if he will undergo the necessary long and careful training, may acquire the special judgment, the special

diagnostic and operative technic essential to proficiency in the practice of a great specialty; but this admission does not weaken the indictment which I would offer against a type of general surgeon, whose number increases day by day, whose relation to this specialty is the outcome of a reasoning all his own, a reasoning from the plausible premise that "the gynecologist, having perfected and simplified his specialty, has found it too narrow and has expanded" to the specious conclusion that gynecology is an insignificant branch and that the gynecologist therefore has undertaken general surgery. This logic gives rise to a sophistry: if the gynecologist is a general surgeon, conversely the general surgeon is a gynecologist. As the times change and we change with them, this type of universal operator, quick to seize on and to turn to his own account the intimation that this specialty has passed, with refinement neither of diagnostic nor operative technic, with no appreciation of his limitations, hypnotised by an apprenticeship of six weeks in some postgraduate school, or by no apprenticeship at all, emboldened by the fact that no one has called him to account, would make gynecology crude and common, would persuade the public and the profession that it is a mere caudal appendix to surgery on which no one fears to tread. Let us for the moment dismiss the general discussion of the subject and imagine a private hospital conducted under certain practical conditions of business management and promotion, with a year of active practice in capital operations, most of them belonging to this, forsooth, insignificant branch of surgery and a mortality of 70 per cent., and then with this experience as a background, going on for an additional few weeks to eleven more consecutive abdominal operations and 100 per cent. of mortality. Does this sound like a made up story? On the contrary, it is an extreme but nevertheless historical example taken not from the dark ages of surgery but from our own times.

Gynecology has not passed. We are not general surgeons. We are specialists in the diseases of women, and as our later transactions abundantly show, we are to a rapidly increasing extent specialists also in the wider field of abdominal surgery, a field in which the account on the ledger as it stands today will show general surgery indebted to us for a great part of its practical and scientific progress: the claim is valid, for we were blazing the trail through this territory when it was an untrodden wilderness, and it is ours by right of discovery; we were giving laws to govern the conduct of the stranger in this field when it was unknown and unconquered, and it is ours by right of conquest; we received from the pioneers, our teachers, some of whom are with us now, the principles and precepts on which has been

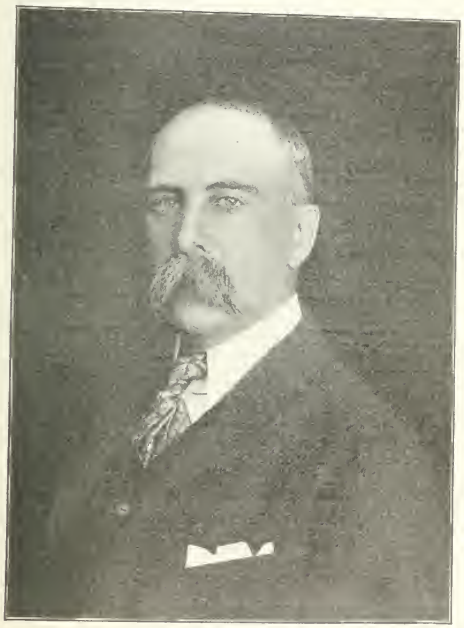
built up this most aggressive department of surgery, and it is ours by right of inheritance.

Marion-Sims was not a general surgeon when he laid down the laws which today govern the surgery of the gallbladder, when he foreshadowed the modern treatment of gun shot wounds of the abdomen and thereby set in motion a tide of general abdominal surgery of which the ebb flow, particularly in the upper zones of the abdomen, where we have joined hands with the general surgeon, is already overdue. Do the traditions which properly belong to us count for nothing? Shall we retire in the background? Shall we organise a society of the Cincinnati, enter into our second childhood and live on the memories of the past? Is our work done? Shall we say, "Troy has been, we have been Trojans?" If our work is done, why should we not go at once into voluntary liquidation? Why hold another meeting? But so long as in the diseases of women there are more practical and scientific problems to be solved than we have time to enumerate, our work is not done. Does not the increased strain of modern life notwithstanding improved knowledge of sanitation and hygiene bring about exaggerations of pathology which will demand not less but more of the gynecologist? If we do not respect our own specialty, who will? Let us consider, for example, the every-day subject of dysmenorrhea, about which as yet we know but little; the causes of eclampsia, of which we know less; the purpose of menstruation of which we know nothing; the unknown conditions, which in one case will supply defense against general septic peritonitis and in another apparently similar case will open the way to a rapidly fatal peritoneal infection. Let us reflect that we have not spoken the last word on the surgical treatment of descent, retroversion and other deviations of the pelvic organs; let us consider whether in the next thirty years we or the general surgeons are going to make such improvements in practical gynecology that the hysteropexies, the hysterorrhaphies, the suspensions, the fixations and a number of other procedures may look to our successors as crude and irrational as the clamp and routine use of the drainage tube in ovariotomy look to us at the present time.

The distinguished president then took up the subject of incontinence of urine in women and detailed a surgical procedure for its relief. The following officers were elected: president, Richard B. Maury, Memphis; first vice-president, Howard A. Kelly, Baltimore; second vice-president, Reuben Peterson, Ann Arbor; secretary, J. Riddle Goffe, New York; members of the council, J. Montgomery Baldy, Philadelphia, and E. C. Dudley, Chicago. The next annual meeting will be held at Hot Springs, Va.

The American Medical Association at Portland.

THE fifty-sixth annual meeting of the American Medical Association is scheduled to be held at Portland, Ore., July 11-14, 1905. At this writing the indications are that the attendance will be large and the work of the association of a much higher order than generally has been the case with meetings on the Pacific coast.



LEWIS S. MCMURTRY, M. D.
President American Medical Association, 1905.

There are several reasons why this prognostication seems justifiable, among which may be mentioned first, speed and comfort of trains; second, low rates and convenient schedules; third, the improved organisation of the association; and fourth, the additional attraction lent by the Lewis and Clarke exposition. This latter adds a novelty to the occasion never before experienced at an association meeting.

To visit the Pacific slope becomes at once a duty and a pleasure to every American citizen residing east of the Rocky mountains who can afford the time and money. For the young it is a part of the education scheme that should enter into every curriculum; and to older persons it furnishes an accomplishment that should not be neglected. The opportunity presented at this time is an unusual one for the fulfilment of these objects that play such important parts in the career of every useful citizen.

Already, many physicians, some of whom are accompanied by members of their families, are on the way to the meetings that are scheduled to take place before or during the gathering of the great association itself. Among these are President McMurtry and his daughter, of Louisville, Dr. A. Vander Veer and wife, of Albany, Dr. George Ben Johnston, of Richmond, Dr. Roswell Park, of Buffalo, and others from Boston, New York, Philadelphia, Chicago and other cities, who go to attend the meeting of the American Surgical Association to be held at San Francisco, July 5, 6, and 7, under the presidency of Dr. George Ben Johnston, of Richmond.

The last date practicable upon which to start from Chicago, in order to reach the association meeting at Portland, is July 6; hence, those who contemplate being present on that occasion will find it necessary to make transportation arrangements as soon as this edition of the journal falls into their hands. Further delay in this matter will prove impracticable.

University extension has received substantial impetus of late in one or two important directions. President Thwing, of Western Reserve University, addressed a representative gathering of college men and friends of the Buffalo institution at the university club on the evening of May 27, 1905. Much enthusiasm was manifested and the distinguished speaker was followed by Mr. J. N. Larned, of Buffalo, Professor Herbert G. Lord, of Columbia University, New York, Hon. D. S. Alexander, of Buffalo, and Charles P. Norton, vice-chancellor of the University of Buffalo, all of whom spoke with eloquent encouragement.

Subscriptions to a fund have been offered as follows: Mrs. E. C. Sprague, $5,000; "Citizen," $2,500; Arthur Detmers, $500; Walter L. Brown, $100. This is a modest beginning and should stimulate activity on the part of citizens of Buffalo who have ample means. We should suppose that civic pride would lead to contributions covering the amount needed within a comparatively short time.

Now is the time to lay in a supply of tetanus antitoxin for use on the "glorious Fourth."

The foregoing from a prominent daily newspaper is an unpleasant reminder of the tragedies that have been enacted heretofore in the name of the celebration of our national holiday.

If, however, the ordinance adopted in Buffalo relating to the sale of explosives is adequately enforced, as the superintendent of police promises it shall be, there will be no need of the remedy indicated. The following provisions of the ordinance, adopted at the instigation of the Medical Society of the County of Erie, should be borne in mind:

It prohibits the sale or giving away or having in their possession for use of any kind of fireworks containing dynamite, giant powder, nitroglycerine, dualin or other explosive more powerful than ordinary black gunpowder.

It prohibits the sale or giving away of "any giant firecracker, or any other firecracker that is likely to maim or injure any person by the explosion thereof, except Chinese firecrackers not exceeding five inches in length."

It forbids the sale or distribution of the following specified articles:

Toy revolvers, toy pistols or toy cannon of any kind in which powder can be exploded. Blank cartridge pistols, toy cartridge pistols or toy revolvers. Repeating or bombjack marbles. Kango clubs. Car-track torpedoes. Vesuvius torpedoes. Torpedo canes or ammunition for same.

The ordinance further says: "No person shall place any torpedo of any description upon the street-car tracks or upon the public streets of the city."

Its final provision forbids the sale of any kind of fireworks to children under fifteen years old.

And for a violation of any of the provisions of this ordinance, it prescribes a fine of $25 for each offense.

THE state cancer laboratory, located at Buffalo, receives the usual appropriation of $15,000 for the next fiscal year. This amount, contained in the supply bill, received the governor's approval, and will enable the director, Dr. Roswell Park, to proceed with the investigations relating to the causes of cancer.

THE Baly medal has been awarded to Professor Pawloff, of Saint Petersburg. This medal is given every alternate year on the recommendation of the president and council of the Royal College of Physicians of London for distinguished work in the science of physiology, especially during the two years immediately preceding the award. The Bisset Hawkins gold medal for 1905, given triennially for work deserving special recognition as advancing sanitary science or promoting public health, has been awarded to Sir Patrick Manson.

THE Jackson Health Resort, at Dansville, N. Y., held the annual commencement exercises of the nurses' class Thursday evening,

June 15, 1905, at which ten nurses were graduated. Dr. Matthew D. Mann, of Buffalo, delivered the address.

Apollinaris, in spite of all rivals, still retains its justly established title,—"The Queen of Table Waters." It is alike grateful to the invalid and refreshing to the healthy person. Physicians not only prescribe it, but drink it themselves. As a health restoring and maintaining beverage it is unrivalled among the potable waters of the world.

PERSONAL.

Dr. John B. Murphy, of Chicago, has been appointed professor of surgery at Rush medical college. He retains his place as chief surgeon of Mercy Hospital, but has resigned his position as professor of surgery at the Northwestern medical school.

Dr. J. D. Griffith, of Kansas City, Mo., recently spent a day in Buffalo. He was on his way home after attending the annual meeting of the American Orthopedic Society at Boston.

Dr. Griffith recently made a tour of the world and spent some time in our Philippine possessions. He also visited several of the Japanese military hospitals in different cities of the Island Empire. We hope to have the pleasure of publishing an account of Dr. Griffith's tour in a future number of the Journal.

Dr. C. W. Stranahan, of Erie, Pa., visited Buffalo for a day, about the middle of June. He will attend the meeting of the American Medical Association at Portland, and has secured tickets for himself and nephew over the Northwestern and Union Pacific lines.

Dr. F. Park Lewis, of Buffalo, was reëlected president of the board of managers of the New York State School for the Blind at Batavia, at the annual meeting held June 22, 1905.

It is announced that the board will take steps to introduce manual training into the curriculum of the school next year.

Dr. Samuel Wyllis Bandler, of New York, has been appointed adjunct professor of gynecology at the Post-Graduate medical school and hospital.

Dr. Robert T. Morris, of New York, has gone to the Hudson's Bay region for his summer vacation. He expects to return to his work about the middle of September.

Dr. John F. Winn, of Richmond, has been elected professor of clinical obstetrics at the University college of medicine in that city.

Dr. Francis E. Fronczak, of Buffalo, who attended M. Paderewski, when he was ill at Niagara Falls, and accompanied to Boston, remaining with him until he sailed for Europe, has received a letter from the famous pianist, saying he is at his home in Poland and rapidly improving.

Dr. Benjamin H. Grove, of Buffalo, has gone to the Pacific coast, and will attend the meeting of the A. M. A. at Portland. He will be absent a month.

OBITUARY.

Dr. Charlotte E. Mastin, a graduate of the University of Buffalo, 1897, died at Wellsboro, Pa., May 20, 1905, aged 33 years.

Dr. Julius J. Boyle, a graduate of the University of Buffalo, 1869, died at his home in Susquehanna, Pa., May 12, 1905, aged 58 years.

Dr. James H. Hysell, University of Buffalo Medical Department, 1861, died at his home in Pomeroy, O., May 10, 1905, aged 67 years. He was assistant surgeon of the ninth Virginia volunteer infantry, chief surgeon of the second division first army corps, chief surgeon of Cienfuegos province and later medical disbursing officer at Santiago, during the war with Spain. He was also surgeon of the first West Virginia veteran infantry during the civil war.

Dr. George Miles Palmer, a graduate of the University of Buffalo, 1865, died at his home at Warsaw, N. Y., May 28, 1905, aged 77 years. He was a native of Angelica, but lived and practised his profession for many years at Pike, of which town he was supervisor for five terms. He was also a medical officer in the army during the civil war. He represented Wyoming county in the legislature for one term. In 1891, Dr. Palmer removed

to Warsaw, of which village he has served as health officer and he was also a U. S. pension examining surgeon.

Dr. Benjamin F. Showerman, of Batavia, N. Y., died at his home June 15, 1905, aged 41 years. His disease was cancer of the stomach of which he had been a long time sufferer. He received his preliminary education at Batavia and graduated in medicine at the University-Bellevue medical college in 1886. Dr. Showerman began practice at once in Batavia and pursued his professional occupation unintermittingly until his last illness. He was a member of the various medical societies and of the board of pension examiners of that district. Dr. Showerman was married in 1893 to Minnie, daughter of the late William C. Simpson. His wife died in 1898. He is survived by his mother and three sisters, Miss Jennie Showerman, of Buffalo, Mrs. Ralph Gillette, and Mrs. William E. Webster, of Batavia.

Dr. Ira P. Smith, of Bath, N. Y., died at his home May 26, 1905, aged 69 years. He graduated from Albany medical college in 1859, and served as a regimental surgeon during the civil war.

SOCIETY MEETINGS.

The International Society of Surgery will hold its first meeting at Brussels, September, 1905, under the presidency of Professor Th. Kocher, of Berne. All communications relating to the congress should be addresses to Dr. Ch. Willems, 6 Place, Michel, Brussells.

The American Electrotherapeutic Association will hold its fifteenth annual meeting at the Academy of Medicine, New York, September 19, 20, and 21, 1905. Address all communications to Dr. Clarence E. Skinner, secretary, 67 Grove street, New Haven, Conn.

The Physicians' League of Buffalo held its annual meeeting Wednesday evening, May 31, at the Riverside hospital, and elected the following officers: president, Dr. Jane W. Carroll; vice-president, Dr. Janet Himmelsbach; secretary and treasurer, Dr. Katherine Munhall.

The league held its annual banquet at the Lafayette hotel Tuesday evening, June 13, 1905. Dr. Jane W. Carroll, president of the league, acted as toastmaster. Dr. Janet Himmelsbach responded to the toast, "The Medical Woman as a Physi-

cian," and Dr. Marie Wolcott spoke of "The Medical Woman as a Teacher." Dr. Mary I. Denton's topic was "As President to President," and Dr. M. Elizabeth Schugens responded to the toast, "The Medical Woman as a Woman."

THE Buffalo Academy of Medicine held meeting during the month of June, 1905, as follows:

> The annual meeting of the academy was held at the academy rooms, Public Library building, Tuesday evening, June 13, 1905. Program: President's address: The uses of a medical society, Dr. Arthur W. Hurd. Election of officers was held for the ensuing year.

HOSPITAL NOTE.

THE Buffalo State Hospital will in future be governed by a board of managers, as was formerly the case. In accordance with a law passed last winter, Governor Higgins has appointed the following named managers for this institution: Joseph P. Dudley, Dr. William C. Krauss, Nathan Wolf, George H. Kennedy, Mrs. Tracy C. Becker, and Miss Margaret F. Rochester, Buffalo, and John T. Darrizon, Lockport.

BOOK REVIEWS.

THE VERMIFORM APPENDIX AND ITS DISEASES. By HOWARD A. KELLY, A.M., M.D., Professor of Gynecology in the Johns Hopkins University, Baltimore, and E. Hurdon, M.D., Assistant in Gynecology in the Johns Hopkins University. Royal octavo, pp. xx.-887. Illustrated with 399 original illustrations, some in colors, and 3 lithographic plates. Philadelphia and London: W. B. Saunders & Company. 1905. (Price: cloth, $10 net; sheep or half morocco, $11 net.)

This comprehensive and elaborate treatise is prepared by a professor and assistant professor of gynecology. The former has declared from the house-tops that his specialty is "passing," but this book does not confirm his own judgment. It seems to condemn him out of his own mouth, so to speak, for it is a work on a surgical disease written by gynecologists.

In dealing with the anatomy of the vermiform appendix the authors begin with the fetus and study its development from the end of the first month of intrauterine life until birth. The conclusion reached by this investigation is that the appendix does not maintain the relative development in the adult reached in the fetus, and it is regarded, therefore, as the distal portion of the original cecum. This would seem to dispose of many theories as to the purpose, present or obsolete, of this treacherous organ.

One of the most interesting phases of this treatise is the relation of foreign bodies or concretions to the disease. Formerly it was the general belief of the profession, as well as the laity, that disease of the appendix was caused in general by "grape seeds" and other foreign elements that made their way into the lumen of this attachment; now it is admitted that only in particular cases does this accident happen. Numerous examples of this complication are given herein, and a group of illustrations are presented delineating the part occasionally played by concretions and other foreign substances in the etiology of appendicitis.

The clinical features of this work are of special value, exactness of detail being a marked characteristic of their presentation. Perhaps, too, another principal point of its importance is the profuseness of its illustrations. Not a single anatomical, pathological, or surgical item has been omitted in the art department, and the quality of all classes of illustration has never been excelled in a medical work. The book lacks a general index, otherwise it is beyond criticism.

LITERARY NOTE.

Messrs. Lea Brothers and Company have pleasure in announcing a new edition of Gray's Anatomy, to be published about midsummer, and embodying nearly two years of labor on the part of the editor, Dr. J. Chalmers DaCosta, of Philadelphia, and a corps of special assistants.

The new edition will present a thorough revision, many additions and more than 400 new engravings in black and colors, prepared expressly for this work. In our advertising columns the publishers set forth some of these improvements and we expect later to publish a review of the book.

ITEM.

A study of the treatment of anemia in Porto Rico has been made by a government commission, appointed in February, 1904, and its report of something more than 200 pages, printed in Spanish and English, has been submitted to the governor of that island.

This particular form of anemia was found to be due to the parasite called hookworm or ucinaria. The commission established a tent hospital and subjected the patients to expert and scientific treatment. Iron was given in various forms, but particularly pepto-mangan (Gude) seemed to find favor. Eighteen cases in which this remedy was administered are given in detail and the results were favorable. This may be regarded as a severe test and those interested will find the report of value.

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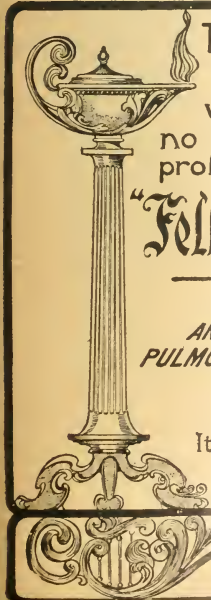

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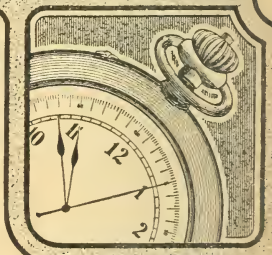

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